

THE RELATIONSHIP-BASED SUPPORT FOR HOME-BASED CHILD CARE ASSESSMENT TOOL MANUAL

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TABLE OF CONTENTS

I.	INTRODUCTION	5	V.	INTERPRETING SURVEY RESULTS	15
				Potential uses and limitations	16
II.	MEASURE DEVELOPMENT		VII.	TECHNICAL INFORMATION	17
	Literature review and conceptual model	6		Field test final sample	17
	Measures review	8		Provider surveys	17
	Measure creation	8		Staff surveys	19
	Pilot test	8		Reliability	20
	Field test	9		Provider constructs	22
	Psychometric testing	9		Staff constructs	23
III.	THE MEASURES		VII.	REFERENCES	26
	Tool components, constructs, and indicators	10	VIII.	APPENDICES	
	Relationship-based knowledge	10		Appendix A: List of constructs & Indicators	28
	Relationship-based attitudes	11		Appendix B: Sources for constructs & indicators	32
	Relationship-based practices	11		Appendix C: Survey questions	36
IV.	HOW TO ADMINISTER AND SCORE THE CONSTRUCTS			Appendix D: Supplemental constructs, indicators & survey questions	50
	Administering the questionnaire	12		Child-focused visits	50
	Linking staff specialist and provider responses	13		Provider engagement in visits	50
	Scoring the survey	13		Technical information	50
	Reverse coded items	14		Survey questions	54
	Missing & unanswered items	14			

FIGURES & TABLES

Figure 1	Conceptual model of high-quality support to family child care providers	Table 8	Cronbach's alpha of provider constructs – by accreditation and current license	Table 15	Cronbach's alpha of staff constructs – by age	Table D5	Cronbach's alpha of provider constructs – by survey language
Table 1	List of measures reviewed for development of RBS-HBCC Tool	Table 9	Cronbach's alpha of provider constructs – by survey language	Table 16	Cronbach's alpha of staff constructs – by race	Table D6	Cronbach's alpha of provider constructs – by race/ethnicity
Table 2	How to code survey responses	Table 10	Cronbach's alpha of provider constructs – by race/ethnicity	Table A1	Knowledge	Table D7	Cronbach's alpha of provider constructs – by education
Table 3	Summary statistics for provider relationship-based constructs	Table 11	Cronbach's alpha of provider constructs – by race/ethnicity	Table A2	Attitudes	Table D8	Cronbach's alpha of provider constructs – by age group
Table 4	Summary statistics for staff relationship-based constructs	Table 12	Cronbach's alpha of provider constructs – by age group	Table A3	Practices	Table D9	Cronbach's alpha of staff constructs – by highest level of education
Table 5	Provider sample characteristics	Table 13	Cronbach's alpha of staff constructs – overall	Table B1	Knowledge	Table D10	Cronbach's alpha of staff constructs – by age
Table 6	Staff sample characteristics	Table 14	Cronbach's alpha of staff constructs – by highest level of education	Table B2	Attitudes	Table D11	Cronbach's alpha of staff constructs – by race
Table 7	Cronbach's alpha of provider constructs – overall			Table B3	Practices		
				Table D1	How to code supplemental constructs		
				Table D2	Summary statistics for supplemental constructs		
				Table D3	Cronbach's alpha of supplemental constructs		
				Table D4	Cronbach's alpha of provider constructs – by accreditation and current license		

INTRODUCTION

Increasing the supply of high-quality home-base child care (HBCC) has become a critical concern among local, state, and federal policy and program administrators. Home-based child-care providers represent an essential option for working families who look to these settings to meet their needs for non-traditional hours, and flexible, responsive, and culturally-congruent child care (NSECE, 2016; Porter et al., 2010). Yet states have seen a precipitous decline in regulated and subsidized family child-care providers over the last decade (NCECQA, 2019). Support strategies that improve quality as well as sustainability of home-based child-care settings may be an important key to increasing engagement of these providers in the early care and education workforce (Bromer & Korfmacher, 2017).

The Relationship-Based Support to Home-Based Child Care assessment tool (RBS-HBCC) examines the quality of relationships and interactions between home-based child-care providers and staff specialists who support these providers at networks and other organizations. The tool is based on a conceptual model that hypothesizes high-quality support as including relationship-based, responsive approaches to meeting the needs of providers as well as the developmental needs of children in care and the work needs of families.

This manual describes the development of the tool, the constructs included in the tool, how to use the tool, and guidelines for interpreting results.

MEASURE DEVELOPMENT

Development of the RBS-HBCC tool included a comprehensive literature review on high-quality support for home-based child care, a conceptual model for high-quality support, a review of existing measures, pilot testing of the developed measures, and a field test to examine construct reliability. Details about the field test are included in the Technical Information section.

LITERATURE REVIEW AND CONCEPTUAL MODEL

The first step of the process was a comprehensive literature review focused on high-quality support for home-based child care (Bromer & Korfmacher, 2017). The purpose of the literature review was to identify which supports offered to home-based child-care providers are most likely to support quality improvement. We reviewed the small body of existing literature on supporting quality in home-based child care as well as literature in related fields. The related fields all had a focus on staff-client relationships and included mental health consultation in early childhood settings, early childhood coaching, family support services, and home visiting.

A conceptual model was developed using findings from the literature review (Bromer & Korfmacher, 2017). The model hypothesizes factors that may shape quality of support to home-based child care providers as well as the key dimensions of quality support such as types of support services and how those services are implemented. Potential provider, child, and family outcomes that may be shaped by high-quality support in home-based child-care settings are also hypothesized. Figure 1 shows an expanded view of the model presented in the published article and provides additional detail about relationship-based support.

CONCEPTUAL MODEL OF HIGH-QUALITY SUPPORT TO FAMILY CHILD CARE PROVIDERS



MEASURES REVIEW

A limited review of existing measures in related fields also informed the development of the tool. Seven measures were identified that most closely aligned with the relationship-based constructs identified in the literature review and conceptual model (see Appendix, Table AA). The primary measure that was reviewed and referenced was the Family and Provider/Teacher Relationship Quality Measure (FPTRQ; Kim et al., 2015). The relationship constructs in the FPTRQ are conceptually related to the constructs that we hypothesize contribute to positive relationships between staff specialists and home-based child-care providers.

MEASURE CREATION

Development of the RBS-HBCC tool relied on adaptation of seven existing measures that assess the quality of adult relationships in early childhood settings and adjacent fields (Table 1). The FPTRQ, for example, measures the quality of provider-family relationships across early care and education settings. We did not use exact language from the FPTRQ but instead adapted the underlying constructs to fit the context of provider-staff relationships. We also looked to other fields such as counseling and mental health. The Working Alliance Inventory (Horvath and Greenberg, 1989), for example, assesses the therapist-client relationship. Again, we did not use exact language from this measure but adapted specific items around emotional connection to the provider-staff relationship. In addition, we created new indicators and questions to measure constructs where we identified gaps in the existing literature. Many of these indicators emerged from our own prior research with home-based child care providers and family child care network staff specialists (Bromer, Weaver, & Korfmacher, 2013) and from our review of conceptual literature on the importance of relationship-based practices (Bromer & Korfmacher, 2017). For example, some of the indicators for measuring providers' comfort with visits were created based on interviews we conducted with family child care providers about their experiences working with home visitors (Bromer & Pick, 2012). Appendix B, Tables B1-B3 detail the sources for each construct and indicator.

TABLE 1: LIST OF MEASURES REVIEWED FOR DEVELOPMENT OF RBS-HBCC TOOL

Family and Provider/Teacher Relationship Quality (FPTRQ) Measures (Kim et al., 2015)
Strengths-Based Practices Inventory (Green, McAllister, & Tate, 2004)
Working Alliance Inventory (Horvath & Greenberg, 1989)
Psychological Safety Scales (Edmondson, 1999)
Helping Relationship Inventory (Poulin & Young, 1997)
Helpgiving Practices Scale (Dunst, Trivette, & Hamby, 1996)
Home Visiting Rating Scales (Roggman et al., 2019)

PILOT TEST

Cognitive testing of the surveys was used to gather feedback from advisors including researchers and program leaders. Advisors were asked to 1) give feedback on the wording of each item in the measures, and 2) rate each item on its importance to quality support. Responses from experts informed revision of construct inclusion and item wording. After revisions were made, the measures were piloted with 19 staff specialists and 70 regulated family child-care providers across eight agencies located in Massachusetts, California, Oregon, Illinois, and New York. Findings from the pilot were used to make further revisions to the constructs and items based on variation across responses. We did not run psychometric testing on pilot data due to the small sample size.

FIELD TEST

A revised version of the measures was tested again in a broader field study that was part of the National Study of Family Child Care Networks (Bromer & Porter, 2019; Porter & Bromer, 2020). The field test included staff specialists and home-based child-care providers affiliated with organizations that support home-based child care across the U.S. These were organizations that: 1) had paid staff who work with home-based child-care providers; 2) offered at least three services, one of which was training or home visiting (i.e., visits to home-based child-care settings); 3) served 10 or more providers; and 4) had been in operation for at least 6 months. See section on Technical Information for more detail.

PSYCHOMETRIC TESTING

The constructs were tested for reliability. Cronbach's alphas were calculated to measure the internal consistency of the constructs. The alpha coefficient was calculated with the whole sample and then across different subgroups to determine if the constructs remained reliable for different populations. An iterative process was used where items with low alphas were deleted and then reliability statistics were re-examined. See section on Technical Information for more detail about psychometric testing results.

THE MEASURES

The constructs included in the RBS-HBCC tool assess aspects of relationship-based support that foster ongoing and positive interactions between agency staff specialists and providers. Relationship-based support is hypothesized to facilitate effective implementation of support services that lead to quality improvement in home-based child-care settings.

The RBS-HBCC tool was developed to capture the one-on-one relationship between an agency staff specialist and a home-based child-care provider. The tool assesses perspectives from: 1) agency staff specialists who deliver one-on-one supports to home-based child-care providers as part of a family childcare network or other support organization; and 2) home-based child-care providers receiving these supports. Measuring the staff/provider relationship from both perspectives gives a holistic picture of the relationship. Furthermore, having both perspectives allows users to compare fit, or the match between how staff and providers view the relationship. Some of the constructs include the same question for both providers and staff specialists in order to examine a direct one-to-one comparison in responses. Other constructs include complementary but not identical questions for providers and staff. Some constructs are only included for either providers or staff.

The staff specialist measure describes the staff-provider relationship from the perspective of agency staff specialists who work directly with providers. Specialists include any staff members at a family child care network or other support organization who works one-on-one with home-based child-care providers as part of their job. This may include, but is not limited to, staff with job titles such as family child-care specialist, program specialist, or home visitor. The measures are best used for staff specialists who deliver support through visits to provider homes and who have been working with the same provider for at least six months.

The provider measure describes the quality of the staff-provider relationship from the perspective of a provider who receives one-on-one support from an agency specialist. The measures are best used with providers who have worked primarily with one dedicated staff specialist for at least six months.

TOOL COMPONENTS, CONSTRUCTS, AND INDICATORS

The RBS-HBCC tool measures three broad components of high-quality staff and provider relationships: 1) relationship-based knowledge, 2) relationship-based attitudes, and 3) relationship-based practice. These are three components of a relational approach that have been identified as important factors in family-provider relationships (Forry et al., 2012). Our review suggested that they could also be adapted to fit the relationship between staff specialists and home-based child-care providers. We theorize that responsive, respectful, and helpful relationships between agency staff and providers may shape the ways providers engage in quality improvement efforts and may lead to provider willingness to make positive changes to their practices. Moreover, a positive staff-provider relationship may serve as a parallel role model for provider relationships with adult family members of children in care.

RELATIONSHIP-BASED KNOWLEDGE

The constructs that measure relationship-based knowledge are based on the extent to which specialists have knowledge about the providers with whom they work. These scales look at how open providers are to sharing information with the staff specialists they work with and in turn, how much staff specialists know about the providers in their caseloads. Having a relationship in which providers are comfortable sharing information about their child care, their home, and themselves could impact the care they provide or how they run their child-care program and may be important in tailoring supports to meet the needs of providers.

Relationship-based knowledge is measured with complementary indicators from staff and provider perspectives. On the staff measure, provider-specific knowledge quantifies how much staff members know about the circumstances of providers in their caseloads, from knowledge about the child-care program schedule to more personal information such as the provider's cultural values or financial situation. On the provider measure, comfort sharing information describes how comfortable providers are sharing information about themselves and their circumstances with a staff specialist.

RELATIONSHIP-BASED ATTITUDES

The constructs included in the relationship-based attitudes component describe the emotional connections between providers and staff, how providers perceive staff attitudes toward them, and how staff feel about differing views or beliefs providers may hold. Providers who feel staff specialists are emotionally supportive and encouraging may be more likely to accept support services (Maher et al., 2008; Buell et al., 2002). Staff specialists who can look at issues from the provider's perspective may be able to validate the providers' experiences and skills which may lead to more effective support.

The five constructs include: nonjudgmental, respectful, perspective taking, differing beliefs, and emotional connection. The first two attitudes constructs are measured from the provider perspective only. Nonjudgmental and respectful constructs describe provider perceptions of staff trust, familiarity, and acceptance.

Two attitude constructs are measured from the staff perspective only. The perspective taking construct examines how much a staff specialist is able to consider a provider's perspective on an issue or topic and take into account the impact of a provider's beliefs or culture when offering support. The differing beliefs construct describes how much a staff specialist is able to accept the differing childrearing beliefs and approaches of providers. The emotional connection construct captures both provider and staff perspectives and quantifies how a provider thinks a specialist feels about him or her and how a specialist reports feeling about a provider.

RELATIONSHIP-BASED PRACTICES

The third component measured by the RBS-HBCC tool includes relationship-based practices. The constructs within this component describe specialist and provider ratings of the specialist's approach to delivering support. The five relationship-based practice constructs include: support received, visits, communication, problem-solving, and goal setting. Support received, visits, and communication are examined from the provider perspective and include the usefulness and relevance of supports, how comfortable providers feel having a visitor in their home, and opportunities to communicate and give feedback to staff. Staff who use active listening and reciprocal communication strategies in their interactions with providers may be more likely to identify the needs and interests of providers and tailor supports to meet these needs. Problem-solving, calculated from the staff perspective, measures how much the staff member works with providers to solve problems and challenges that arise in the child care program.

The goal setting construct summarizes how collaborative the staff-provider relationship is around planning and setting goals from both the provider's and staff specialist's perspective. Support that is built around mutual goal setting may lead to facilitation of a provider's decision-making process and sustainability as well as quality improvements in caregiving practices.

HOW TO ADMINISTER AND SCORE THE CONSTRUCTS

This section describes how to administer the questionnaires and score the constructs.

ADMINISTERING THE QUESTIONNAIRE

1. The first step is to gather the correct number and type of questionnaires. The staff questionnaire is available in English. The provider questionnaire is available in both English and Spanish. A sample questionnaire is available in Appendix C. Additional questions about provider and staff backgrounds that could provide supplementary information are also included in Appendix C.
2. Assign ID numbers to each person who will respond to the questionnaire. When administering the questionnaires, decide first if you want to be able to link the responses of staff and providers who work together within an organization in order to compare results. One method for linking responses is to use ID numbers strategically (see linking the responses).
3. Collect survey responses.
 - a. These are self-administered questionnaires that take no more than five minutes to complete.
 - b. Respondents should be encouraged to answer all questions. If one item in a construct is not answered, that construct will not be calculated (see missing/unanswered items).
4. Considerations when administering the questionnaires:
 - a. It is important to consider where and when the questionnaires will be administered. This may be challenging since some HBCC providers work alone in their homes. One option is to administer the questionnaire at a training or meeting when providers are at a central location. Other options are to mail the questionnaire to providers' homes or email a link to an online survey tool. If applicable, staff members could drop off the questionnaire during a home visit along with a sealed envelope that can be mailed in (add postage) or picked up at the next visit. If online, we suggest using a program that will allow it to be optimized for mobile devices so that providers or specialists can answer using their smart phones.
 - b. It is also important to consider how the questionnaire responses will be collected. For example, providers may feel uncomfortable responding honestly to the questionnaire if the staff specialist they are answering questions about is the one collecting the responses. Some options are to have an impartial third party gather the questionnaires or have providers mail the questionnaires to a central location, using an envelope that was previously stamped and addressed. If an online survey tool is used, providers can submit the responses from their own home.
 - c. Procedures to ensure confidentiality and protect privacy will depend on the purpose of using the RBS-HBCC tool. If for example, an organization wants to use the tool for continuous quality improvement, it will be important to identify who is reporting information and to match individual providers to individual specialists. It still might be preferable to keep individual provider responses confidential from staff specialists or vice versa. If, however, the tool is being used for evaluation or research purposes, we suggest collecting anonymous survey responses that can then be aggregated to give an overall description of staff-provider relationships at the organization.
 - d. If the responses are intended to be confidential, the organization should set up a system to ensure that confidentiality. One way to do this is to designate an administrator who would have access to the individual responses, assign ID numbers, and keep a record in a secure file connecting IDs to specific individuals. Regardless of decisions about confidentiality, it is important to be transparent with both staff and providers about the purpose of the tool, who will view responses, and how survey results will be used.

LINKING STAFF SPECIALIST AND PROVIDER RESPONSES

A primary feature of the RBS-HBCC tool is the comparison of how individual staff and individual providers view their relationship. If this is one of the goals of an organization in using the tool, it will be important to match staff specialists and providers who work together. The easiest way to do this is to use ID numbers:

- Assign each staff member a number (e.g. 100, 200, 300, etc.).
- Assign each provider a number based on the primary staff person they work with. For example, providers who work primarily with staff member 100 should be assigned ID numbers 101, 102, 103, etc.
- If your providers do not work with a primary staff member, develop a unique system that will assign each provider and staff member a unique ID taking care that these IDs do not overlap. One way to do this is to assign each staff member an ID number that starts with 1 (e.g. 101, 102, 103 etc.) and each provider an ID number that starts with 2 (e.g. 201, 202, 203). If this method is used, another process would need to be developed to link providers to the specialists they work with.

Staff members often work with more than one provider, and providers may work with multiple specialists. In these situations, there are two possible procedures:

1. Matching one staff specialist and multiple providers
 - With this approach, staff specialists complete one questionnaire thinking about every provider they work with. Providers fill out one questionnaire thinking only about the primary staff specialist they work with.
 - **Benefits:** This process is less cumbersome for staff.
 - **Drawbacks:** This approach is less precise and can only summarize relationships a staff specialist has across a group of providers.
2. Matching staff and providers 1:1
 - With this approach staff specialists should fill out a questionnaire for each provider they work with. The staff specialist should have one ID number, but the ID number for the provider the staff member is thinking about when filling out the questionnaire should also be recorded. Similarly, providers should complete separate questionnaires for each specialist they work with and the ID number for each of those specialists should be recorded. To maintain confidentiality, staff specialists and providers should not know the ID numbers of other individuals. Instead, the questionnaire administrator should connect each response to the appropriate ID number after the questionnaire is completed. Only the administrator should know which ID number belongs to which respondent.
 - **Benefits:** Will give a more accurate score for each specialist-provider relationship.
 - **Drawbacks:** This method could be cumbersome for staff and providers who would have to fill out multiple surveys. Specialists and providers may tend to respond similarly regardless of which relationships they are thinking about when completing the questionnaires.

SCORING THE SURVEY

1. Excel scoring templates are available from <https://www.erikson.edu/research/rbs-hbcc/>
2. Each potential response has a numeric code (score) associated with it, either from 1 to 4, or 1 to 5. These response codes must be used when creating the relationship constructs for each respondent. This will ensure that the overall scores are calculated correctly. Table 2 details scoring including those items that should be reverse coded.
3. Enter all response codes for providers on the provider excel sheet under the appropriate ID number. Enter all response codes for staff on the staff excel sheet under the appropriate ID number.
4. When the response codes are entered, the individual construct scores will calculate automatically.

REVERSE CODED ITEMS

Certain responses in the survey should be reverse coded (see Table 2). This is for items that are written in the opposite way from the other items or from the name of the scale. Reverse coding changes the direction of the item in the construct, ensuring that the meaning of each item is congruent with the meaning of the final construct. In other words, it makes sure the scores all go the same way, no matter how the items are written, and that the final score makes sense given the name of the construct.

For example, consider the nonjudgmental construct. In this scale, the provider is actually noting how judgmental they perceive the specialist to be, by rating how much their specialist is like the negatively worded items (rude, judgmental, unaware, unfamiliar). Under standard coding, a higher score suggests a more negative view. But this does not fit with the more positively-worded title of the construct (nonjudgmental). Using reverse coding (so that every score of 4 is recoded as a 1, every 3 becomes a 2, every 2 a 3, and every 1 a 4) results in a low nonjudgmental score, which more appropriately aligns the provider’s response with the name of the construct.

The appropriate response codes for reverse-coded responses can also be found in Table 2. In the Excel scoring template and Tables A1-A3 in Appendix A, a reverse coded item will have an asterisk (*) next to the item name. The scoring template does not automatically reverse-code responses. When entering responses into the Excel scoring template, it is important to enter the response codes for reverse coding found in Table 2 when appropriate.

TABLE 2. HOW TO CODE SURVEY RESPONSES

STANDARD CODING

A	Not at all like my specialist	A little like my specialist	A lot like my specialist	Exactly like my specialist	
	1	2	3	4	
B	Strongly Disagree	Disagree	Agree	Strongly Agree	
	1	2	3	4	
C	Very Uncomfortable	Uncomfortable	Comfortable	Very Comfortable	
	1	2	3	4	
D	None	Some	Most	All	
	1	2	3	4	
E	Never	Rarely	Sometimes	Often	Very Often
	1	2	3	4	5

REVERSE CODING

A	Not at all like my specialist	A little like my specialist	A lot like my specialist	Exactly like my specialist
	4	3	2	1
B	Strongly Disagree	Disagree	Agree	Strongly Agree
	4	3	2	1

MISSING & UNANSWERED ITEMS

When calculating the constructs, it is important to pay attention to missing or unanswered items. If one item in a construct is unanswered, all other item responses in that construct should be ignored. In other words, a construct should not be calculated if one or more items are missing or unanswered. The Excel template will not calculate a construct score if there is a missing item.

INTERPRETING SURVEY RESULTS

The constructs presented here have not been validated with any outcome measures and do not have thresholds for a “good” or “bad” score. However, as a reference, scores can be compared to the field test results. Presented below are the summary statistics from the field test, including the means and standard deviations, as well as the 25th, 50th (median), and 75th percentiles (Tables 3 and 4). It is important to note that even though data were collected from 21 states across the US, the field test was not designed to be nationally representative. This should be taken into consideration when referencing the field test results. If you wish to use these scores as a reference to the scores in your program, we suggest using the appropriate context in reporting. For example:

“Our program scores for comfort sharing information, at 3.4, are above the average score of the sample from the National Study of Family Child Care Networks and lie between the 50th and 75th percentile. Although this reference sample was not designed to be nationally-representative, it does provide a way to compare our program with a larger sample of programs.”

TABLE 3. SUMMARY STATISTICS FOR PROVIDER RELATIONSHIP-BASED CONSTRUCTS

Construct	Number of cases	Mean	Standard Deviation	25th Percentile	Median	75th Percentile	Response Range	Possible Range
Relationship-Based Knowledge								
Comfort Sharing Information	162	3.28	0.51	3.00	3.22	3.78	2.00-4.00	1-4
Relationship-Based Attitude								
Nonjudgmental	161	3.78	0.62	4.00	4.00	4.00	1.00-4.00	1-4
Respectful	163	3.58	0.71	3.29	4.00	4.00	1.00-4.00	1-4
Emotional Connection	169	3.52	0.55	3.00	3.67	4.00	1.00-4.00	1-4
Relationship-Based Practice								
Comfort with Visits	158	3.08	0.74	2.67	3.00	3.67	1.00-4.00	1-4
Goal Setting	176	3.42	0.70	3.00	3.63	4.00	1.00-4.00	1-4
Support Received	171	3.52	0.50	3.00	3.63	4.00	1.00-4.00	1-4
Communication	174	4.34	0.77	4.00	4.50	5.00	1.00-5.00	1-5

TABLE 4. SUMMARY STATISTICS FOR STAFF RELATIONSHIP-BASED CONSTRUCTS

Construct	Number of cases	Mean	Standard Deviation	25th Percentile	Median	75th Percentile	Response Range	Possible Range
Relationship-Based Knowledge								
Provider-Specific Knowledge	154	2.65	0.56	2.22	2.56	3.00	1.00-3.89	1-4
Relationship-Based Attitude								
Emotional Connection	161	3.71	0.44	3.67	4.00	4.00	1.00-4.00	1-4
Perspective Taking	159	3.49	0.47	3.00	3.67	4.00	2.00-4.00	1-4
Differing Beliefs	154	3.11	0.53	2.75	3.00	3.50	1.75-4.00	1-4
Relationship-Based Practice								
Problem-Solving	158	3.34	0.46	3.00	3.33	3.67	1.67-4.00	1-4
Goal Setting	159	3.44	0.44	3.00	3.33	4.00	2.33-4.00	1-4

POTENTIAL USES & LIMITATIONS

The RBS-HBCC tool was developed primarily for organizations such as networks and other agencies that support HBCC providers to examine the quality of supports offered to providers particularly through one-on-one visits to child-care homes. The description of staff-provider relationships may help agencies make decisions about professional development for staff, possible content and approaches to coaching and home visits, as well as strategies to recruit and engage providers in quality improvement efforts. The tool may also be used for evaluation or research purposes. Although the tool has not yet been validated, the tool has internal reliability and may be used to provide an overall portrait of staff-provider relationships at an agency. Relationship quality is a likely indicator of effective service delivery, provider engagement, and potential for quality improvement and sustainability.

TECHNICAL INFORMATION

This section of the report presents technical information related to the development of the RBS-HBCC measure, including details about the field test and the reliability statistics for each construct.

FIELD TEST FINAL SAMPLE

Staff and provider surveys were collected from HBCC networks and other organizations that support HBCC providers across 21 states as part of the National Study of Family Child Care Networks in 2017. These organizations had paid staff who provided different support services to HBCC providers. Networks and organizations included: 1) stand-alone organizations that exclusively served family child care and/or family, friend, and neighbor providers; 2) programs or networks that were housed in child care resource and referral (CCR&R) agencies; 2) Head Start (including Early Head Start and Migrant Head Start) programs that offer Head Start through regulated family child care; 3) other child, youth, family, or social service agencies that supported HBCC providers. To be included in the survey sample, the organizations needed to: 1) employ paid staff who work with HBCC providers; 2) offer at least three services, one of which was home visiting or training; 3) serve 10 or more HBCC providers; and 4) have been in operation for at least 6 months. The surveys were distributed online as well as hard copy depending on provider and staff preferences. The provider survey was available in English and Spanish and the staff survey was available in English.

PROVIDER SURVEYS

A total of 203 provider surveys were collected and included in the final sample. The majority of provider surveys (144) were completed in English and 59 were completed in Spanish. The sample included providers from 19 of the 21 states. Just over half (51%) were from an urban community, while 26% were from a rural community and 22% from a suburban community.

Table 5 shows the demographic characteristics of providers who completed surveys. A majority of HBCC providers who responded to the survey were licensed. A third were accredited by the National Association for Family Child Care (NAFCC) and 58% participated in their state or local Quality Rating and Improvement System (QRIS). Most of the survey respondents stated that they had received a home visit from a program specialist or staff person in the past six months.

Providers ranged in age from 23 to 71 years with a median age of 49 years. Almost 45% of the providers had a college degree, 35% had some college, and 20% had a high school diploma or GED or less. The sample included almost equal numbers of Hispanic or Latinx and white providers and just under a fifth of the sample was Black or African American.

TABLE 5. PROVIDER SAMPLE CHARACTERISTICS

		N	%
Count		203	100
Survey Language (N=203)	English	144	71%
	Spanish	59	29%
Community (N=193)	Urban	99	51%
	Rural	51	26%
	Suburban	43	22%
Currently Licensed (N=201)	No	26	13%
	Yes	175	87%
NAFCC Accreditation (N=193)	No	129	67%
	Yes	64	33%
Participate in QRIS (N=200)	No	49	25%
	Yes	115	58%
	Not Sure	36	18%
Received Home Visits (N=201)	No	33	16%
	Yes	168	84%
Education (N=177)	Less than a high school diploma	6	3%
	High school diploma or GED	30	17%
	Some college, no degree	62	35%
	Associate's degree	43	24%
	Bachelor's degree	28	16%
	Graduate degree	8	5%
Race (N=175)	Black or African American	36	18%
	White	62	31%
	Hispanic origin or Latinx	74	36%
	American Indian, Eskimo, Aleut	1	0%
	Asian or Pacific Islander	10	5%
	Other (Please specify)	5	2%
Primary Language (N=175)	Spanish	50	29%
	Chinese	2	1%
	English	110	63%
	English & Spanish	10	6%
	Cantonese & English	1	1%
	English & Tagalog	1	1%
	English & Sign Language	1	1%
		Range	Mean
Age (N=170)		23-71 years	49 years

STAFF SURVEYS

A total of 164 staff surveys were collected and included in the final sample. The sample included staff from organizations in 21 states. A majority of respondents reported that they conducted visits to child-care provider homes as part of their job.

Table 6 shows the demographic characteristics of the staff survey sample. Staff ranged in age from 21 to 76 years with a median of 47 years. Over 88% of the staff members who responded had a college degree. Half of staff identified as White and a third as Latinx. Far fewer identified as Black/African American or Asian/Pacific Islander. A majority of respondents spoke English as their primary language.

TABLE 6. STAFF SAMPLE CHARACTERISTICS

		N	%
Count		164	100
Gender (N=160)	Male	7	4%
	Female	153	96%
Race (N=157)	Black or African American	24	15%
	White	78	50%
	Hispanic Origin or Latinx	47	30%
	American Indian, Eskimo, Aleut	1	1%
	Asian or Pacific Islander	6	4%
	Other	1	1%
Education Level (N=160)	Master's degree or higher	46	29%
	Bachelor's Degree	70	44%
	Associate's Degree	25	16%
	Some college, no degree	15	9%
	High school diploma	3	2%
	GED	1	1%
	Less than high school	0	0%
Conducts Home Visits (N=164)	No	21	13%
	Yes	143	87%
Primary Language (N=158)	English	132	84%
	Spanish	21	13%
	Chinese/Toishan	1	1%
	Portuguese	1	1%
	Russian	1	1%
	English & Spanish	1	1%
	English & American Sign Language	1	1%
		Range	Mean
Age (N=155)		21-76 years	47 years

RELIABILITY

Cronbach’s alpha was calculated to determine internal reliability for each construct. The alpha coefficient describes the internal consistency of each construct and increases when the items within each construct are correlated with each other (Tavakol & Dennick, 2011). Cronbach’s alpha was calculated with the whole provider and staff samples and then across different subgroups within the provider and staff samples to determine if the constructs remained reliable for these different subgroups.

Generally, alpha values ≥ 0.7 are considered acceptable (Tavakol & Dennick, 2011; Kline, 1995). However, because alpha values can be inflated with larger number of variables, there is no exact acceptable value with some researchers using 0.6 as the floor for acceptable values (George & Mallery, 2001; Kim et al., 2015). We used alpha values ≥ 0.6 .

PROVIDER CONSTRUCTS

Overall, the provider constructs had alpha values between 0.81 and 0.98 indicating high internal consistency (Table 7). Cronbach’s alpha was also calculated by whether or not the provider was accredited or currently licensed at the time of the survey, the language of the survey, and by race/ethnicity, education, and age (Tables 8-12). A majority of the constructs for each subgroup had an alpha coefficient of >0.9 . All of the constructs had an alpha of >0.6 except for the nonjudgmental construct among providers who took the survey in Spanish (Table 9). This low alpha (0.286) is likely due, in part, to a small sample size and the low variability in responses, almost every single respondent answered “Not at all like my specialist” (4) to each item. In addition, 1 item (r_judgmental) was dropped from this analysis because it was constant in the sample of providers who took the survey in Spanish.

TABLE 7. CRONBACH’S ALPHA OF PROVIDER CONSTRUCTS - OVERALL

Overall			
Provider Constructs	Number of Items	N	Alpha
Relationship-Based Knowledge			
Comfort Sharing Information	9	162	0.93
Relationship-Based Attitude			
Nonjudgmental	4	161	0.91
Respectful	7	163	0.98
Emotional Connection	6	169	0.95
Relationship-Based Practice			
Comfort with Visits	3	158*	0.81
Goal Setting	4	176	0.92
Support Received	8	171	0.94
Communication	4	174	0.91

*Lower N due to respondents who did not receive home visits

TABLE 8. CRONBACH'S ALPHA OF PROVIDER CONSTRUCTS - BY ACCREDITATION AND LICENSING STATUS

Provider Constructs	Number of Items	NAFCC Accreditation				Has a Current License			
		No		Yes		No		Yes	
		N	Alpha	N	Alpha	N	Alpha	N	Alpha
Relationship-Based Knowledge									
Comfort Sharing Information	9	104	0.91	53	0.95	22	0.93	140	0.93
Relationship-Based Attitude									
Nonjudgmental	4	107	0.91	50	0.93	21	0.77	140	0.93
Respectful	7	107	0.98	50	0.97	20	0.98	143	0.98
Emotional Connection	6	109	0.95	55	0.95	24	0.92	145	0.95
Relationship-Based Practice									
Comfort with Visits	3	96	0.84	54	0.79	11	0.62	147	0.82
Goal Setting	4	115	0.92	55	0.91	24	0.80	152	0.93
Support Received	8	112	0.93	53	0.96	24	0.96	147	0.94
Communication	4	113	0.89	55	0.93	24	0.85	150	0.91

TABLE 9. CRONBACH'S ALPHA OF PROVIDER CONSTRUCTS - BY SURVEY LANGUAGE

Provider Constructs	Number of Items	English		Spanish	
		N	Alpha	N	Alpha
Relationship-Based Knowledge					
Comfort Sharing Information	9	113	0.93	49	0.93
Relationship-Based Attitude					
Nonjudgmental	4	114	0.93	47	0.20*
Respectful	7	112	0.99	51	0.95
Emotional Connection	6	118	0.95	51	0.94
Relationship-Based Practice					
Comfort with Visits	3	110	0.81	48	0.82
Goal Setting	4	124	0.92	52	0.91
Support Received	8	122	0.94	49	0.93
Communication	4	122	0.91	52	0.91

*Calculated with 3 items, one item (judgmental) was constant in sample and dropped from analysis

TABLE 10. CRONBACH'S ALPHA OF PROVIDER CONSTRUCTS - BY RACE/ETHNICITY

Provider Constructs	Number of Items	Black/African American		Hispanic or Latinx		White	
		N	Alpha	N	Alpha	N	Alpha
Relationship-Based Knowledge							
Comfort Sharing Information	9	32	0.91	69	0.93	57	0.92
Relationship-Based Attitude							
Nonjudgmental	4	33	0.93	68	0.94	57	0.86
Respectful	7	32	0.99	71	0.96	56	0.98
Emotional Connection	6	33	0.95	71	0.92	60	0.97
Relationship-Based Practice							
Comfort with Visits	3	25	0.77	67	0.79	51	0.84
Goal Setting	4	35	0.94	74	0.90	62	0.90
Support Received	8	35	0.91	71	0.92	61	0.96
Communication	4	34	0.91	74	0.90	62	0.90

TABLE 11. CRONBACH'S ALPHA OF PROVIDER CONSTRUCTS - BY HIGHEST LEVEL OF EDUCATION

Provider Constructs	Number of Items	High School diploma/ GED or less		Some college, no degree		Associate's degree		Bachelor's degree or higher	
		N	Alpha	N	Alpha	N	Alpha	N	Alpha
Relationship-Based Knowledge									
Comfort Sharing Information	9	32	0.95	58	0.92	39	0.90	33	0.94
Relationship-Based Attitude									
Nonjudgmental	4	34	0.64	60	0.95	34	0.96	33	0.91
Respectful	7	33	0.97	61	0.99	36	0.94	33	0.97
Emotional Connection	6	35	0.91	58	0.97	41	0.91	35	0.96
Relationship-Based Practice									
Comfort with Visits	3	34	0.71	49	0.77	35	0.91	29	0.88
Goal Setting	4	36	0.92	62	0.90	42	0.89	35	0.94
Support Received	8	36	0.89	61	0.95	40	0.93	34	0.95
Communication	4	36	0.91	62	0.92	41	0.88	35	0.89

TABLE 12. CRONBACH'S ALPHA OF PROVIDER CONSTRUCTS - BY AGE GROUP

Provider Constructs	Number of Items	<40		40-60		>60	
		N	Alpha	N	Alpha	N	Alpha
Relationship-Based Knowledge							
Comfort Sharing Information	9	31	0.96	100	0.92	26	0.90
Relationship-Based Attitude							
Nonjudgmental	4	33	0.96	98	0.92	24	0.78*
Respectful	7	33	0.97	100	0.98	24	0.94
Emotional Connection	6	32	0.95	105	0.94	26	0.90
Relationship-Based Practice							
Comfort with Visits	3	30	0.89	89	0.80	21	0.69
Goal Setting	4	34	0.92	107	0.90	27	0.88
Support Received	8	32	0.96	106	0.94	27	0.92
Communication	4	33	0.89	107	0.92	27	0.84

*Calculated with 2 items, 2 items (judgmental & unfamiliar) were constant in sample and dropped from analysis

STAFF CONSTRUCTS

Overall, the staff constructs had alpha values between 0.70 and 0.86 indicating generally acceptable internal consistency (Table 13). Cronbach's alpha was also calculated by staff level of education, age, and race/ethnicity (Tables 14-16). A majority of the constructs for each subgroup had an alpha coefficient of >0.6. However, reliability was low for the perspective taking construct among respondents who identified as Latinx ($\alpha=0.57$) and problem-solving for respondents with a master's degree ($\alpha=0.57$).

TABLE 13. CRONBACH'S ALPHA OF STAFF CONSTRUCTS - OVERALL

Overall			
Staff Measures	Number of Items	N	Alpha
Relationship-Based Knowledge			
Comfort Sharing Information	9	154	0.85
Relationship-Based Attitude			
Differing Beliefs	4	154	0.72
Perspective Taking	3	159	0.70
Emotional Connection	3	161	0.86
Relationship-Based Practice			
Problem-Solving	3	158	0.71
Goal Setting	3	159	0.79

TABLE 14. CRONBACH'S ALPHA OF STAFF CONSTRUCTS - BY HIGHEST LEVEL OF EDUCATION

Staff Measures	Number of Items	Master's degree		Bachelor's degree		Associate's degree or less	
		N	Alpha	N	Alpha	N	Alpha
Relationship-Based Knowledge							
Comfort Sharing Information	9	43	0.85	68	0.86	41	0.85
Relationship-Based Attitude							
Differing Beliefs	4	42	0.78	67	0.73	44	0.62
Perspective Taking	3	45	0.72	69	0.69	44	0.71
Emotional Connection	3	44	0.85	70	0.85	44	0.88
Relationship-Based Practice							
Problem-Solving	3	43	0.57	68	0.73	44	0.78
Goal Setting	3	44	0.73	70	0.82	44	0.80

TABLE 15. CRONBACH'S ALPHA OF STAFF CONSTRUCTS - BY AGE

Measure	Number of Items	<40		40-60		>60	
		N	Alpha	N	Alpha	N	Alpha
Relationship-Based Knowledge							
Comfort Sharing Information	9	39	0.77	87	0.87	21	0.88
Relationship-Based Attitude							
Differing Beliefs	4	39	0.71	89	0.67	20	0.85
Perspective Taking	3	40	0.60	91	0.70	22	0.86
Emotional Connection	3	41	0.73	92	0.91	20	0.86
Relationship-Based Practice							
Problem-Solving	3	41	0.61	90	0.73	19	0.79
Goal Setting	3	41	0.79	91	0.77	21	0.86

TABLE 16. CRONBACH'S ALPHA OF STAFF CONSTRUCTS - BY RACE/ETHNICITY

Measure	Number of Items	Black/African American		Hispanic or Latinx		White	
		N	Alpha	N	Alpha	N	Alpha
Relationship-Based Knowledge							
Comfort Sharing Information	9	20	0.78	45	0.78	76	0.90
Relationship-Based Attitude							
Differing Beliefs	4	23	0.71	43	0.71	76	0.71
Perspective Taking	3	24	0.69	46	0.57	77	0.78
Emotional Connection	3	23	0.98	47	0.75	78	0.81
Relationship-Based Practice							
Problem-Solving	3	23	0.84	47	0.67	74	0.71
Goal Setting	3	24	0.82	46	0.71	77	0.80

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APPENDIX A: LIST OF CONSTRUCTS & INDICATORS

Key: S= staff construct; P= provider construct

TABLE A1: KNOWLEDGE

Construct	Item	Question
Comfort Sharing Information (P)	others_in_household	How comfortable would or do you feel sharing the following information with your program specialist? <i>If there are other adults and children living in your household</i>
	cc_schedule	How comfortable would or do you feel sharing the following information with your program specialist? <i>Your child-care schedule</i>
	financial_situation	How comfortable would or do you feel sharing the following information with your program specialist? <i>Your financial situation</i>
	faith_religion	How comfortable would or do you feel sharing the following information with your program specialist? <i>The role that faith and religion play in your child care</i>
	culture_values	How comfortable would or do you feel sharing the following information with your program specialist? <i>Your culture and values</i>
	changes_in_home	How comfortable would or do you feel sharing the following information with your program specialist? <i>Changes in your home</i>
	healthissues_you	How comfortable would or do you feel sharing the following information with your program specialist? <i>Health or mental health issues you may experience</i>
	healthissues_others	How comfortable would or do you feel sharing the following information with your program specialist? <i>Health or mental health issues family members in your home may experience</i>
	other_jobs	How comfortable would or do you feel sharing the following information with your program specialist? <i>Other jobs you may hold in addition to family child care</i>
	Provider-Specific Knowledge (S)	household_others
provider_ccschedule		Thinking about the providers you work with, indicate which of the following areas of knowledge you have about providers and their circumstances. For how many providers you work with do you know... <i>the provider's child-care/program schedule</i>
provider_finance		Thinking about the providers you work with, indicate which of the following areas of knowledge you have about providers and their circumstances. For how many providers you work with do you know... <i>the provider's financial situation</i>
provider_faith		Thinking about the providers you work with, indicate which of the following areas of knowledge you have about providers and their circumstances. For how many providers you work with do you know... <i>the role that faith and religion play in the provider's program</i>
provider_culture		Thinking about the providers you work with, indicate which of the following areas of knowledge you have about providers and their circumstances. For how many providers you work with do you know... <i>the provider's culture and values</i>
provider_changes		Thinking about the providers you work with, indicate which of the following areas of knowledge you have about providers and their circumstances. For how many providers you work with do you know... <i>changes in the provider's home</i>
provider_health		Thinking about the providers you work with, indicate which of the following areas of knowledge you have about providers and their circumstances. For how many providers you work with do you know... <i>health or mental health issues the provider may experience</i>
provider_famhealth		Thinking about the providers you work with, indicate which of the following areas of knowledge you have about providers and their circumstances. For how many providers you work with do you know... <i>health or mental health issues family members in the provider's home may experience</i>
	provider_otherjob	Thinking about the providers you work with, indicate which of the following areas of knowledge you have about providers and their circumstances. For how many providers you work with do you know... <i>other jobs the provider holds in addition to child care</i>

Key: S= staff construct; P= provider construct

TABLE A2: ATTITUDES

Construct	Item	Question
Nonjudgmental (P)	rude*	Please indicate how much the following words or statements describe the program specialist that helps you. My program specialist is... rude
	judgmental*	Please indicate how much the following words or statements describe the program specialist that helps you. My program specialist is... judgmental
	unaware*	Please indicate how much the following words or statements describe the program specialist that helps you. My program specialist is... unaware of my circumstances
	unfamiliar*	Please indicate how much the following words or statements describe the program specialist that helps you. My program specialist is... unfamiliar with family child care
Respectful (P)	caring	Please indicate how much the following words or statements describe the program specialist that helps you. My program specialist is... caring
	dependable	Please indicate how much the following words or statements describe the program specialist that helps you. My program specialist is... dependable
	trustworthy	Please indicate how much the following words or statements describe the program specialist that helps you. My program specialist is... trustworthy
	familiar_myhome	Please indicate how much the following words or statements describe the program specialist that helps you. My program specialist is... familiar with my family child-care home
	knowledge_fcc	Please indicate how much the following words or statements describe the program specialist that helps you. My program specialist is... knowledgeable about family child care
	respect_beliefs	Please indicate how much the following words or statements describe the program specialist that helps you. My program specialist is... respectful of my family's cultural and religious beliefs
	best_interests	Please indicate how much the following words or statements describe the program specialist that helps you. My program specialist... has my best interests in mind
Emotional Connection (P)	respects_work	For the following statements, please indicate how much you agree or disagree as you think about the help you receive from your program specialist. My specialist respects my child-care work
	appreciates_me	For the following statements, please indicate how much you agree or disagree as you think about the help you receive from your program specialist. I feel that my specialist appreciates me
	caresforme	For the following statements, please indicate how much you agree or disagree as you think about the help you receive from your program specialist. I feel that my specialist cares about me even when I do things she does not agree with
	offers_help	For the following statements, please indicate how much you agree or disagree as you think about the help you receive from your program specialist. My specialist offers help in response to my needs around caring for children
	recognizes_strengths	For the following statements, please indicate how much you agree or disagree as you think about the help you receive from your program specialist. My specialist recognizes my strengths
	voiceisheard	For the following statements, please indicate how much you agree or disagree as you think about the help you receive from your program specialist. I feel that my voice is heard
Emotional Connection (S)	like_providers	People vary in how they feel about the home-based child-care providers they work with. Select an option. I like the providers I work with
	appreciate_providers	People vary in how they feel about the home-based child-care providers they work with. Select an option. I appreciate the providers I work with
	respect_providers	People vary in how they feel about the home-based child-care providers they work with. Select an option. I respect the providers I work with even when they do things I do not agree with

TABLE A2: ATTITUDES (CONTINUED)

Construct	Item	Question
Perspective Taking (S)	provider_perspective	The following statements reflect how you might think about provider's perspectives and practices. For each statement, select one option. Part of my job is to consider each provider's perspective.
	consider_culture	The following statements reflect how you might think about provider's perspectives and practices. For each statement, select one option. I am often able to take providers' values and/or culture into account when I work with them.
	cultural_influence	The following statements reflect how you might think about provider's perspectives and practices. For each statement, select one option. Part of my job is to consider how culture shapes the way I approach my work with providers.
Differing Beliefs (S)	accept_providerapproach*	The following statements reflect how you might think about provider's perspectives and practices. For each statement, select one option. Sometimes it is hard for me to accept the way providers run their child-care program.
	differing_ccbeliefs*	The following statements reflect how you might think about provider's perspectives and practices. For each statement, select one option. Sometimes it is hard for me to work with providers who do not share my beliefs about how to work with children.
	accept_culture*	The following statements reflect how you might think about provider's perspectives and practices. For each statement, select one option. Sometimes it is hard for me to accept the different cultural beliefs and/or values of providers.
	insecure_purpose*	The following statements reflect how you might think about provider's perspectives and practices. For each statement, select one option. We are not sure about the purpose of our work together.

TABLE A3: PRACTICES

Construct	Item	Question
Comfort with Visits (P)	takes_time*	Having a program specialist visit your home when you are caring for children may be difficult. For the following statements, please indicate how much you agree or disagree. A program visitor takes me away from my care of children.
	stressfulforkids*	Having a program specialist visit your home when you are caring for children may be difficult. For the following statements, please indicate how much you agree or disagree. A program visitor is stressful for the children in my care.
	uncomfortable*	Having a program specialist visit your home when you are caring for children may be difficult. For the following statements, please indicate how much you agree or disagree. I feel uncomfortable when a program visitor comes to my home.
Support Received (P)	questions_problems	For the following statements, please indicate how much you agree or disagree as you think about the support you receive from your program specialist. My specialist is available when I have a problem or question.
	difficult_situations	For the following statements, please indicate how much you agree or disagree as you think about the support you receive from your program specialist. Talking with my specialist helps me with difficult situations.
	sharing_situations	For the following statements, please indicate how much you agree or disagree as you think about the support you receive from your program specialist. I feel comfortable sharing difficult situations with my specialist.
	more_capable	For the following statements, please indicate how much you agree or disagree as you think about the support you receive from your program specialist. Working with my specialist has made me feel more capable.
	understand_concerns	For the following statements, please indicate how much you agree or disagree as you think about the support you receive from your program specialist. My specialist understands my concerns.

Key: S= staff construct; P= provider construct

TABLE A3: PRACTICES (CONTINUED)

Construct	Item	Question
Support Received (P)	call_specialist	For the following statements, please indicate how much you agree or disagree as you think about the support you receive from your program specialist. <i>I feel I can pick up the phone and call my specialist.</i>
	childcare_information	For the following statements, please indicate how much you agree or disagree as you think about the support you receive from your program specialist. <i>My specialist provides me with good information about how to take care of children.</i>
	family_information	For the following statements, please indicate how much you agree or disagree as you think about the support you receive from your program specialist. <i>My specialist provides me with good information about how to work with parents and families.</i>
	childcare_information	For the following statements, please indicate how much you agree or disagree as you think about the support you receive from your program specialist. <i>My specialist provides me with good information about how to take care of children.</i>
	family_information	For the following statements, please indicate how much you agree or disagree as you think about the support you receive from your program specialist. <i>My specialist provides me with good information about how to work with parents and families.</i>
Communication (P)	listen_concerns	In the last three months, how often have you experienced the following? My program specialist... <i>listens to my concerns about the children in my care.</i>
	ask_questions	In the last three months, how often have you experienced the following? My program specialist... <i>gives me a chance to ask questions.</i>
	askforideas	In the last three months, how often have you experienced the following? My program specialist... <i>asks me for my ideas about how I can improve.</i>
	listenstosituations	In the last three months, how often have you experienced the following? My program specialist... <i>listens to my situation.</i>
Goal Setting (P)	set_goals	Thinking about your interactions with a program specialist, please indicate how much you agree or disagree with the following statements. <i>We work together on setting goals.</i>
	task_agreement	Thinking about your interactions with a program specialist, please indicate how much you agree or disagree with the following statements. <i>We agree on what is important for me to work on.</i>
	easy_planning	Thinking about your interactions with a program specialist, please indicate how much you agree or disagree with the following statements. <i>It is easy to work with my specialist when planning for children in my care.</i>
	equal_partner	Thinking about your interactions with a program specialist, please indicate how much you agree or disagree with the following statements. <i>I am an equal partner in the relationship I have with my specialist.</i>
Goal Setting (S)	collaborative_goals	Thinking about the conversations you have with providers, please indicate how much you agree or disagree with the following statements. <i>We collaborate on setting mutually agreed upon goals.</i>
	mutual_agreement	Thinking about the conversations you have with providers, please indicate how much you agree or disagree with the following statements. <i>We agree on what is important for them to work on.</i>
	beneficial_changes	Thinking about the conversations you have with providers, please indicate how much you agree or disagree with the following statements. <i>We have a good understanding of the kinds of changes that would be good for them and the children and families they serve.</i>
Problem-Solving (S)	understand_challenges	People vary in how they feel about the home-based child care providers they work with. Select an option. <i>My providers and I have the same understanding of their challenges doing child care.</i>
	solve_problems	People vary in how they feel about the home-based child care providers they work with. Select an option. <i>The providers I work with can solve their problems because of my support.</i>
	difficult_situations	People vary in how they feel about the home-based child care providers they work with. Select an option. <i>I am able to handle the difficult situations and emotions providers may share with me.</i>

APPENDIX B: SOURCES FOR CONSTRUCTS & INDICATORS

Key: S= staff construct; P= provider construct

TABLE B1: KNOWLEDGE

Construct	Item	Source
Comfort Sharing Information (P)	others_in_household	Adapted from FPTRQ; Kim et al., 2015
	cc_schedule	Adapted from FPTRQ; Kim et al., 2015
	financial_situation	Adapted from FPTRQ; Kim et al., 2015
	faith_religion	Adapted from FPTRQ; Kim et al., 2015
	culture_values	Adapted from FPTRQ; Kim et al., 2015
	changes_in_home	Adapted from FPTRQ; Kim et al., 2015
	healthissues_you	Adapted from FPTRQ; Kim et al., 2015
	healthissues_others	Adapted from FPTRQ; Kim et al., 2015
	other_jobs	Adapted from FPTRQ; Kim et al., 2015
Provider-Specific Knowledge (S)	household_others	Adapted from FPTRQ; Kim et al., 2015
	provider_ccschedule	Adapted from FPTRQ; Kim et al., 2015
	provider_finance	Adapted from FPTRQ; Kim et al., 2015
	provider_faith	Adapted from FPTRQ; Kim et al., 2015
	provider_culture	Adapted from FPTRQ; Kim et al., 2015
	provider_changes	Adapted from FPTRQ; Kim et al., 2015
	provider_health	Adapted from FPTRQ; Kim et al., 2015
	provider_famhealth	Adapted from FPTRQ; Kim et al., 2015
	provider_otherjob	Adapted from FPTRQ; Kim et al., 2015

Key: S= staff construct; P= provider construct

TABLE B2: ATTITUDES

Construct	Item	Source
Nonjudgmental (P)	rude*	Adapted from FPTRQ; Kim et al., 2015
	judgmental*	Adapted from FPTRQ; Kim et al., 2015
	unaware*	Adapted from FPTRQ; Kim et al., 2015
	unfamiliar*	Adapted from FPTRQ; Kim et al., 2015
Respectful (P)	caring	Adapted from: FPTRQ; Kim et al., 2015; Helpgiving practices scale; Dunst et al., 1996
	dependable	Adapted from FPTRQ; Kim et al., 2015
	trustworthy	Adapted from FPTRQ; Kim et al., 2015
	familiar_myhome	Adapted from FPTRQ; Kim et al., 2015
	knowledge_fcc	Adapted from FPTRQ; Kim et al., 2015
	respect_beliefs	Adapted from FPTRQ; Kim et al., 2015
	best_interests	Adapted from FPTRQ; Kim et al., 2015
Emotional Connection (P)	respects_work	Adapted from WAI; Horvath & Greenberg, 1989
	appreciates_me	Adapted from WAI; Horvath & Greenberg, 1989
	caresforme	Adapted from: WAI; Horvath & Greenberg, 1989; Helpgiving practices scale; Dunst et al., 1996
	offers_help	Adapted from WAI; Horvath & Greenberg, 1989
	recognizes_strengths	Adapted from: WAI; Horvath & Greenberg, 1989; Helpgiving practices scale; Dunst et al., 1996
	voiceisheard	Adapted from WAI; Horvath & Greenberg, 1989
Emotional Connection (S)	like_providers	Adapted from WAI; Horvath & Greenberg, 1989
	appreciate_providers	Adapted from WAI; Horvath & Greenberg, 1989
	respect_providers	Adapted from WAI; Horvath & Greenberg, 1989
Perspective Taking (S)	provider_perspective	Adapted from SBPI; Green et al., 2004
	consider_culture	Adapted from SBPI; Green et al., 2004
	cultural_influence	Adapted from SBPI; Green et al., 2004

TABLE B2: ATTITUDES (CONTINUED)

Construct	Item	Source
Differing Beliefs (S)	accept_providerapproach*	Adapted from SBPI; Green et al., 2004
	differing_ccbeliefs*	Adapted from SBPI; Green et al., 2004
	accept_culture*	Adapted from SBPI; Green et al., 2004
	insecure_purpose*	Adapted from Psychological safety scales; Edmondson, 1999

TABLE B3: PRACTICES

Construct	Item	Source
Comfort with Visits (P)	takes_time*	Adapted from HOVRS; Roggman et al., 2019
	stressfulforkids*	Adapted from HOVRS; Roggman et al., 2019
	uncomfortable*	Adapted from HOVRS; Roggman et al., 2019
Support Received (P)	questions_problems	Adapted from Psychological safety scales; Edmondson, 1999; Helping Relationship Inventory; Poulin & Young, 1997
	difficult_situations	Adapted from: Psychological safety scales; Edmondson, 1999; Helping Relationship Inventory; Poulin & Young, 1997
	sharing_situations	Adapted from: Psychological safety scales; Edmondson, 1999; Helping Relationship Inventory; Poulin & Young, 1997
	more_capable	Helpgiving practices scale; Dunst et al., 1996;
	understand_concerns	Helping Relationship Inventory; Poulin & Young, 1997
	call_specialist	Helpgiving practices scale; Dunst et al., 1996
	childcare_information	Helpgiving practices scale; Dunst et al., 1996
	family_information	Helpgiving practices scale; Dunst et al., 1996
Communication (P)	listen_concerns	Helpgiving practices scale; Dunst et al., 1996
	ask_questions	Helpgiving practices scale; Dunst et al., 1996
	askforideas	Helpgiving practices scale; Dunst et al., 1996
	listenstosituations	Helpgiving practices scale; Dunst et al., 1996

Key: S= staff construct; P= provider construct

TABLE B3: PRACTICES (CONTINUED)

Construct	Item	Source
Goal Setting (P)	set_goals	Adapted from: Helping Relationship Inventory; Poulin & Young, 1997; FPTRQ; Kim et al., 2015
	task_agreement	Adapted from: Helping Relationship Inventory; Poulin & Young, 1997; FPTRQ; Kim et al., 2015
	easy_planning	Adapted from: Helping Relationship Inventory; Poulin & Young, 1997; FPTRQ; Kim et al., 2015
	equal_partner	Adapted from: Helping Relationship Inventory; Poulin & Young, 1997; FPTRQ; Kim et al., 2015
Goal Setting (S)	collaborative_goals	Adapted from: Helping Relationship Inventory; Poulin & Young, 1997; FPTRQ; Kim et al., 2015
	mutual_agreement	Adapted from: Helping Relationship Inventory; Poulin & Young, 1997; FPTRQ; Kim et al., 2015
	beneficial_changes	Adapted from: Helping Relationship Inventory; Poulin & Young, 1997; FPTRQ; Kim et al., 2015
Problem-Solving (S)	understand_challenges	Helping Relationship Inventory; Poulin & Young, 1997
	solve_problems	Helping Relationship Inventory; Poulin & Young, 1997
	difficult_situations	Helping Relationship Inventory; Poulin & Young, 1997

APPENDIX C: SURVEY QUESTIONS

PROVIDER SURVEY - ENGLISH

1. How comfortable would or do you feel sharing the following information with your child care specialist/program specialist/home visitor? For each statement, select one option.

	Very Uncomfortable	Uncomfortable	Comfortable	Very Comfortable
a. If there are other adults and children living in your household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your child care schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your financial situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The role that faith and religion play in your child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Your culture and values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Changes in your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Health or mental health issues you may experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Health or mental health issues family members in your home may experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other jobs you may hold in addition to child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate how much the following words or statements describe the child care specialist/program specialist/home visitor that helps you. For each statement, select one option.

My child care specialist/program specialist/home visitor is...

	Not at all like my specialist	A little like my specialist	A lot like my specialist	Exactly like my specialist
a. rude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. judgmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. unaware of my circumstances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. unfamiliar with family child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. caring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. dependable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. trustworthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. familiar with my family child care home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. knowledgeable about family child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. respectful of my family's cultural and religious beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. has my best interests in mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. For the following statements, please indicate how much you agree or disagree as you think about the help you receive from your child care specialist/program specialist/home visitor. For each statement, select one option.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. My specialist/visitor respects my child care work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I feel that my specialist/visitor appreciates me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel that my specialist/visitor cares about me even when I do things she does not agree with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My specialist/visitor offers help in response to my needs around caring for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My specialist/visitor recognizes my strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel that my voice is heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. For the following statements, please indicate how much you agree or disagree as you think about the support you receive from your child care specialist/program specialist/home visitor. For each statement, select one option.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. My specialist/visitor is available when I have a problem or question	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Talking with my specialist/visitor helps me with difficult situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel comfortable sharing difficult situations with my specialist/visitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Working with my specialist/visitor has made me feel more capable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My specialist/visitor understands my concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel I can pick up the phone and call my specialist/visitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My specialist/visitor provides me with good information about how to take care of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My specialist/visitor provides me with good information about how to work with parents and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. In the last three months, how often have you experienced the following? For each statement, select one option.

My child care specialist/program specialist/home visitor ...

	Never	Rarely	Sometimes	Often	Very Often
a. listens to my concerns about the children in my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. gives me a chance to ask questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. asks me for my ideas about how I can improve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. listens to my situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Thinking about your interactions with your child care specialist/program specialist/home visitor, please indicate how much you agree or disagree with the following statements. For each statement, select one option.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. We work together on setting goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. We agree on what is important for me to work on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is easy to work with my specialist/visitor when planning for children in my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am an equal partner in the relationship I have with my specialist/visitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Having a child care specialist/program specialist/home visitor at your home when you are caring for children may sometimes be difficult. For the following statements, please indicate how much you agree or disagree. For each statement, select one option.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. A specialist/visitor takes me away from my care of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A specialist/visitor is stressful for the children in my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel uncomfortable when a specialist/visitor comes to my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(continued on next page)

ADDITIONAL QUESTIONS

ABOUT YOUR CHILD CARE

8. How many children do you provide care to, not counting your own? _____
9. Do you have an assistant?
- Yes
 - No
10. Which of the following age groups do you currently have in your care? Check all that apply.
- Infants, 0-12 months
 - Toddlers, 13-36 months
 - Preschoolers, 3-5 years old, not in kindergarten
 - School-agers, 5 years and older
11. Are you accredited by the National Association for Family Child Care? Check one.
- Yes
 - No
 - Not sure

ABOUT YOU

12. What is your preferred language? _____
13. What is your gender?
- Male
 - Female
 - Other (please specify) _____
14. What is your race?
- Black or African American
 - White
 - Hispanic origin or Latino/a
 - American Indian, Eskimo, Aleut
 - Asian or Pacific Islander
 - Other (please specify) _____
15. In what year were you born? _____
16. What is the highest level of education you have completed? Check one.
- Less than high school
 - GED
 - High school diploma
 - Some college, no degree
 - Associates degree
 - Bachelor's degree
 - Master's degree or higher

17. Have you participated in any college or graduate level coursework in the following areas? Check all that apply.

- Child Development
- Early Childhood Education
- Elementary Education and/or Special Education
- Social Work
- Psychology
- Nursing
- Business or Administration
- None, I have not participated in any college or graduate level coursework
- Other (please specify) _____

18. Do you have a Child Development Associate (CDA) credential?

- Yes
- No

19. How many years have you worked as a family child care provider? Check one.

- Less than 2 years
- 2 - 5 years
- 6 - 10 years
- 11 - 20 years
- More than 20 years

20. How long have you been part of [organization name]? Check one.

- Less than 6 months
- 6 months to 1 year
- 1 - 3 years
- 4 - 10 years
- More than 10 years

21. For about how many more years do you intend to be a child care provider? Check one.

- One more year or less
- Two to five more years
- As long as I am able
- I am not sure

22. Overall, how difficult is it for you to live on your total household income right now? Check one.

- Not at all difficult
- A little difficult
- Somewhat difficult
- Very difficult
- Extremely difficult

PROVIDER SURVEY - SPANISH

1. ¿Qué tan cómodo se siente o se sentiría de compartir la siguiente información con su especialista en cuidado de niños/especialista del programa/visitador a domicilio? Para cada afirmación, marque una opción.

	Muy Incómodo	Incómodo	Cómodo	Muy cómodo
a. Si hay otros adultos y niños viviendo en su hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Su horario de cuidado de niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Su situación financiera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. El rol que la fe y la religión juegan en su cuidado de niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Sus valores y cultura	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cambios en su hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Asuntos de salud o salud mental que quizá esté experimentando usted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Asuntos de salud o salud mental que quizá esté experimentando algún familiar en su hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Otros trabajos que quizá tenga además del cuidado de niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Por favor, indique cuánto las siguientes palabras u oraciones describen al especialista en cuidado de niños/especialista del programa/visitador a domicilio que lo/la ayuda. Para cada afirmación, marque una opción.

Mi especialista de cuidado de niños/visitador a domicilio es...

	No describe a mi especialista para nada	Describe a mi especialista un poco	Describe bastante a mi especialista	Describe exactamente a mi especialista
a. descortés	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. prejuicioso/a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. destendido/a de mis circunstancias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. no familiarizado/a con el cuidado de niños familiar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. atento	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. fiable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. confiable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Familiarizado/a con mi hogar de cuidado de niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. conocedor sobre el cuidado de niños familiar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. respetuoso de las creencias de la cultura y religión de mi familia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. tiene en mente mis mejores intereses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Para las siguientes afirmaciones, por favor indique qué tan de acuerdo o en desacuerdo está usted mientras que piensa en la ayuda que recibe de su especialista en cuidado de niños/especialista del programa/visitador a domicilio. Para cada afirmación, marque una opción.

	Totalmente en desacuerdo	En desacuerdo	De acuerdo	Totalmente de acuerdo
a. Mi especialista/visitador respeta mi trabajo de cuidado de niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Siento que mi especialista/visitador me aprecia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Siento que a mi especialista/visitador le importo aun cuando hago cosas en las que no está de acuerdo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mi especialista/visitador responde a mis necesidades sobre el cuidado de niños ofreciéndome ayuda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mi especialista/visitador reconoce mis fortalezas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Siento que mi voz es escuchada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Para las siguientes afirmaciones, por favor indique qué tan de acuerdo o en desacuerdo está usted mientras que piensa en el apoyo que recibe de especialista en cuidado de niños/especialista del programa/visitador a domicilio. Para cada afirmación, marque una opción.

	Totalmente en desacuerdo	En desacuerdo	De acuerdo	Totalmente de acuerdo
a. Mi especialista/visitador está disponible cuando tengo un problema o una pregunta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hablar con mi especialista/visitador me ayuda con situaciones difíciles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Me siento cómodo/a compartiendo sobre situaciones difíciles con mi especialista/visitador	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. El trabajar con mi especialista/visitador me ha hecho sentir más capaz	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mi especialista/visitador entiende mis preocupaciones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Siento que puedo levantar el teléfono y llamar a mi especialista/visitador	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Mi especialista/visitador me da buena información sobre cómo cuidar a niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Mi especialista/visitador me da buena información sobre cómo trabajar con padres y familias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. En los últimos tres meses, ¿con qué frecuencia ha experimentado usted las siguientes cosas? Para cada afirmación, marque una opción.

Mi especialista en cuidado de niños/especialista del programa/visitador a domicilio...

	Nunca	Raramente	A veces	A menudo	Muy a menudo
a. escucha las preocupaciones que tengo acerca de los niños en mi cuidado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. me da la oportunidad de hacerle preguntas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pide que le diga mis ideas acerca de cómo podría yo mejorar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. escucha sobre mi situación	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Pensando en sus interacciones con su especialista en cuidado de niños/especialista del programa/visitador a domicilio, por favor indique qué tan de acuerdo o en desacuerdo está con las siguientes afirmaciones. Para cada oración, marque una opción.

	Totalmente en desacuerdo	En desacuerdo	De acuerdo	Totalmente de acuerdo
a. Colaboramos para establecer metas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Nos ponemos de acuerdo en lo que es importante que yo trabaje	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Es fácil trabajar con mi especialista/visitador cuando planeamos mi cuidado de los niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Soy tratado de igual en la relación que tengo con mi especialista/visitador	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Cuando está cuidando a niños en su hogar, tener visitas por parte de especialista en cuidado de niños/especialista del programa/visitador a domicilio puede ser difícil. Con respecto a las siguientes oraciones, por favor indique cuanto está de acuerdo o en desacuerdo. Para cada oración, seleccione una opción.

	Totalmente en desacuerdo	En desacuerdo	De acuerdo	Totalmente de acuerdo
a. Un especialista/visitador me aleja de mi cuidado de niños.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Un especialista/visitador es estresante para los niños que cuido.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Me siento incómodo/a cuando un especialista/visitador viene a mi hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Continúa en la siguiente página)

ADDITIONAL QUESTIONS

SOBRE SU CUIDADO DE NIÑOS

8. ¿A cuántos niños cuida, sin contar los suyos? _____
9. ¿Tiene ayudante?
- Si
 No
10. ¿En cuál de los siguientes grupos de edades se encuentra los niños que están actualmente en su cuidado? Marque todas las opciones que correspondan.
- Infantes, 0-12 meses
 Niños, 13-36 meses
 Preescolares, 3-5 años, no en kindergarten
 Escolares, 5 años y más (incluyendo kindergarten)
11. Usted esta acreditado/a por la Asociación Nacional de Cuidado de Niños Familiar (“National Association for Family Child Care”)? Marque uno.
- Si
 No
 No estoy segura/o

SOBRE USTED

12. ¿Cuál es su idioma de preferencia? _____
13. ¿Cuál es su género?
- Masculino
 Femenino
 Otro (por favor, especifique) _____
14. ¿Cuál es su raza? Marque todas las opciones que correspondan.
- Negro o Afroamericano
 Blanco
 Origen Hispano o Latino/a
 Indígena Americano, Esquimal, Aleuta
 Asiático o de las Islas del Pacifico
 Otro (por favor, especifique) _____
15. ¿En qué año nació? _____
16. ¿Cuál es el nivel más alto de educación que ha completado? Marque una opción.
- Menos que un diploma de escuela secundaria
 GED
 Diploma de escuela secundaria
 Algunos cursos universitarios, no recibió título
 Título de asociado
 Licenciatura/Título Universitario
 Título de posgrado

17. ¿Ha participado en cursos de Universidad o de posgrado en cualquiera de las siguientes áreas? Marque todas las opciones que correspondan.

- Desarrollo del Niño
- Educación de la Primera Infancia
- Educación Primaria y/o educación especial
- Trabajo Social
- Psicología
- Enfermería
- Negocios o Administración
- Ninguno/No he participado en ningún curso de universidad o de posgrado
- Otro (por favor especifique) _____

18. ¿Usted tiene credencial de Asociado en Desarrollo del Niño (“Child Development Associate”, CDA)?

- Sí
- No

19. ¿Por cuántos años ha trabajado como proveedor/a de cuidado de niños familiar (“family child care”)? Marque una opción.

- Menos de 2 años
- 2 - 5 años
- 6 - 10 años
- 11 - 20 años
- Más de 20 años

20. ¿Por cuántos años ha formado parte de [organization name]? Marque una opción.

- Menos de 6 meses
- 6 meses - 1 año
- 1 - 3 años
- 4 - 10 años
- Más de 10 años

21. Aproximadamente cuántos años más piensa seguir siendo un/a proveedor/a de cuidado de niños? Marque una opción.

- Un año o menos
- Dos a cinco años más
- El máximo tiempo que pueda
- No estoy segura/o

22. En general, ¿qué tan difícil le es el vivir con sus ingresos totales del hogar que tiene en este momento? Marque una opción.

- Para nada difícil
- Un poco difícil
- Medianamente difícil
- Muy difícil
- Extremadamente difícil

STAFF SURVEY - ENGLISH

1. Thinking about the home-based child care providers you work with, indicate which of the following areas of knowledge you have about providers and their circumstances. For each statement, select one option.

For how many providers you work with do you know...

	None	Some	Most	All
a. if there are other adults and children living in the provider's household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. the provider's child care/program schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. the provider's financial situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. the role that faith and religion play in the provider's program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. the provider's culture and values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. changes in the provider's home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. health or mental health issues the provider may experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. health or mental health issues family members in the provider's home may experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. other jobs the provider holds in addition to child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. People vary in how they feel about the home-based child care providers they work with. For each statement, select one option.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I like the providers I work with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I appreciate the providers I work with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I respect the providers I work with even when they do things I do not agree with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My providers and I have the same understanding of their challenges doing child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The providers I work with can solve their problems because of my support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am able to handle the difficult situations and emotions providers may share with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. The following the statements reflect how you might think about the providers' perspectives and practices. For each statement, select one option.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I am often able to take providers' values and/or culture into account when I work with them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Part of my job is to consider how culture shapes the way I approach my work with providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Part of my job is to consider each provider's perspective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sometimes it is hard for me to accept the different cultural beliefs and/or values of providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Sometimes it is hard for me to accept the way providers run their child care program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sometimes it is hard for me to work with providers who do not share my beliefs about how to work with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. We are not sure about the purpose of our work together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Thinking about the conversations you have with home-based child care providers, please indicate how much you agree or disagree with the following statements. For each statement, select one option.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. We collaborate on setting mutually agreed upon goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. We agree on what is important for them to work on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. We have a good understanding of the kinds of changes that would be good for them and the children and families they serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADDITIONAL QUESTIONS

ABOUT YOU

5. How long have you worked at [Organization Name]? _____

6. What is the highest level of education you have completed? Check one.

- Less than high school
- GED
- High school diploma
- Some college, no degree
- Associates degree
- Bachelor's degree
- Master's degree or higher

7. Do you have any college or graduate level education in any of the following areas? Check all that apply.

- Child Development
- Early Childhood Education
- Elementary Education and/or Special Education
- Social Work
- Psychology
- Nursing
- Business or Administration
- None, I have not participated in any college or graduate level coursework
- Other (Please specify) _____

8. What is your gender?

- Male
- Female
- Other (Please specify) _____

9. What is your race? Check all that apply.

- Black or African American
- White
- Hispanic origin or Latino/a
- American Indian, Eskimo, Aleut
- Asian or Pacific Islander
- Other (Please specify) _____

10. What is the primary language you speak? _____

11. In what year were you born? _____

12. Overall, how difficult is it for you to live on your household income right now? Check one.

- Not at all difficult
- A little difficult
- Somewhat difficult
- Very difficult
- Extremely difficult

APPENDIX D: SUPPLEMENTAL CONSTRUCTS INDICATORS & SURVEY QUESTIONS

In addition to the relationship-based practice constructs, two related constructs were also developed and piloted. These constructs capture additional information that is important to the implementation of services for home-based child care providers and include an assessment of the child-focused content of specialists’ visits to provider homes as well as provider engagement and comfort in receiving support through home visiting.

CHILD-FOCUSED VISITS

We developed a measure to examine the frequency with which specialists focus on child-centered topics during visits to provider homes. Agency or network visits to child care provider homes may be used for a variety of purposes including monitoring compliance for licensing, subsidy, or QRIS, help with administrative and business aspects of child care, help working with children and families, as well as professional development and personal support to home-based child-care providers (Porter & Bromer, 2020). A focus on providers’ interactions with and provisions for caring for and educating children and families is at the heart of quality early care and education (Halle et al., 2011; Yoshikawa et al., 2013).

The child-focused visits construct examines the content of visits from both the provider and staff specialist perspective including how frequently visits focus on individual children or parents, curriculum planning, help with activities for children, discussion of the child care environment, working with mixed-age groups of children and child assessment.

PROVIDER ENGAGEMENT IN VISITS

The provider engagement in visits construct aims to capture staff perspectives on how engaged home-based child-care providers are in technical assistance or coaching visits. Engagement is defined by providers initiating discussions, bringing up past conversations, or trying out new activities or new approaches to working with children during visits with a specialist. Active engagement in visits may be an indicator of effective service delivery as well as an indicator of a provider’s readiness to engage in quality improvement work.

TECHNICAL INFORMATION

CODING

TABLE D1. HOW TO CODE SUPPLEMENTAL CONSTRUCTS

STANDARD CODING

1	Never	Once	Occasionally	About half the visits	Every visit or almost every visit
	1	2	3	4	5

DESCRIPTIVE STATISTICS FROM FIELD TEST

TABLE D2. SUMMARY STATISTICS FOR SUPPLEMENTAL CONSTRUCTS

Construct	Number of cases	Mean	Standard Deviation	25th Percentile	Median	75th Percentile	Response Range	Possible Range
Provider Constructs								
Child-focused visits	153	3.61	0.91	3.00	3.57	4.43	1.57-5.00	1-5
Staff Constructs								
Child-focused visits	139	3.85	0.76	3.40	4.00	4.40	1.00-5.00	1-5
Staff reported provider engagement	140	3.99	0.69	3.50	4.00	4.50	1.50-5.00	1-5

CRONBACH'S ALPHA

TABLE D3. CRONBACH'S ALPHA OF SUPPLEMENTAL CONSTRUCTS

Provider Constructs	Number of Items	N	Overall Alpha
Provider Constructs			
Child-focused visits	7	153	0.88
Staff Constructs			
Child-focused visits	5	139	0.73
Staff reported provider engagement	4	140	0.75

PROVIDER CONSTRUCT SUBGROUP ANALYSIS

TABLE D4. CRONBACH'S ALPHA OF PROVIDER CONSTRUCTS - BY ACCREDITATION & CURRENT LICENSE

Provider Constructs	Number of Items	Accreditation				Current License			
		No		Yes		No		Yes	
		N	Alpha	N	Alpha	N	Alpha	N	Alpha
Child-focused visits	7	93	0.83	52	0.93	10	0.90	142	0.87

TABLE D5. CRONBACH'S ALPHA OF PROVIDER CONSTRUCTS - BY SURVEY LANGUAGE

Provider Constructs	Number of Items	English		Spanish	
		N	Alpha	N	Alpha
Child-focused visits	7	108	0.88	45	0.88

TABLE D6. CRONBACH'S ALPHA OF PROVIDER CONSTRUCTS - BY RACE/ETHNICITY

Provider Constructs	Number of Items	Black/African American		Hispanic or Latinx		White	
		N	Alpha	N	Alpha	N	Alpha
Child-focused visits	7	25	0.83	63	0.89	49	0.86

TABLE D7. CRONBACH'S ALPHA OF PROVIDER CONSTRUCTS - BY EDUCATION

Provider Constructs	Number of Items	High School diploma/ GED or less		Some college, no degree		Associate's degree		Bachelor's degree or higher	
		N	Alpha	N	Alpha	N	Alpha	N	Alpha
Child-focused visits	7	33	0.88	46	0.85	35	0.90	28	0.90

TABLE D8. CRONBACH'S ALPHA OF PROVIDER CONSTRUCTS - BY AGE GROUP

Provider Constructs	Number of Items	<40		40-60		>60	
		N	Alpha	N	Alpha	N	Alpha
Child-focused visits	7	29	0.84	85	0.89	21	0.87

STAFF CONSTRUCTS SUBGROUP ANALYSIS

TABLE D9. CRONBACH'S ALPHA OF STAFF CONSTRUCTS - BY HIGHEST LEVEL OF EDUCATION

Staff Measures	Number of Items	Master's degree		Bachelor's degree		Associate's degree or less	
		N	Alpha	N	Alpha	N	Alpha
Child-focused visits	5	42	0.66	63	0.78	33	0.69
Staff reported provider engagement	4	42	0.82	65	0.64	33	0.83

TABLE D10. CRONBACH'S ALPHA OF STAFF CONSTRUCTS - BY AGE

Measure	Number of Items	<40		40-60		>60	
		N	Alpha	N	Alpha	N	Alpha
Child-focused visits	5	40	0.76	74	0.73	19	0.69
Staff reported provider engagement	4	40	0.65	75	0.78	20	0.79

TABLE D11. CRONBACH'S ALPHA OF STAFF CONSTRUCTS - BY RACE/ETHNICITY

Measure	Number of Items	Black/African American		Hispanic or Latinx		White	
		N	Alpha	N	Alpha	N	Alpha
Child-focused visits	5	17	0.71	46	0.65	66	0.78
Staff reported provider engagement	4	17	0.75	47	0.84	67	0.70

PROVIDER SURVEY - ENGLISH

CHILD-FOCUSED VISITS

Think about what happens on a visit from a child care specialist/program specialist/home visitor from _____.

How often do you have the following experiences during a visit? For each statement, select one option.

	Never	Once	Occasionally	About half the visits	Every visit or almost every visit
a. Discuss individual children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Discuss issues or concerns that come up with parents of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Plan curriculum and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Get help conducting an activity for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Discuss your child care environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Get help with mixed-age groups of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Get help with child assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROVIDER SURVEY - SPANISH

Piense en lo que sucede durante una visita de un especialista en cuidado de niños/especialista del programa/visitador a domicilio de

_____.

¿Con que frecuencia tiene las siguientes experiencias durante una visita? Para cada oración, seleccione una opción.

	Nunca	Una vez	De vez en cuando	Aproximadamente mitad de las visitas	Cada visita o casi cada visita
a. Hablar sobre algún niño en particular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hablar sobre temas o preocupaciones que surgen con padres de niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Planificar el currículo y actividades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Obtener ayuda realizando una actividad para niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hablar sobre su ambiente de cuidado de niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Obtener ayuda con grupos de niños de edades mixtas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Obtener ayuda con evaluaciones para niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STAFF SURVEY

CHILD-FOCUSED VISITS

How often do you do the following activities during a visit to a home-based child care provider's home? For each statement, select one option.

	Never	Once	Occasionally	About half the visits	Every visit or almost every visit
a. Talk to providers about individual children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Talk to providers about parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Help providers with an activity for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Help providers work with mixed-age groups of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Help providers with a child assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROVIDER ENGAGEMENT

In your most recent visits with home-based child care providers, how often did they... For each statement, select one option.

	Never	Once	Occasionally	About half the visits	Every visit or almost every visit
a. Bring up things that you discussed with them in past conversations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Try out new activities that you suggested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Try out a new approach to working with a child that you discussed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Initiate a discussion about how they are working with a child or a family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>