



Child Care Connections (C3) Provider Training Follow-Up Survey

Date: _____

Provider First Name

Provider Last Name

We would like to know your feedback on the C3 Provider Trainings. This survey includes questions on what you have learned in the trainings and changes you may have made to your child care environment. The information you provide will be used to help improve the program. Thank you very much for your time and thoughtfulness!

Feedback on the Trainings

1. How satisfied or dissatisfied are you with the trainings thus far?

- Very Satisfied
- Somewhat Satisfied
- Neither
- Somewhat Dissatisfied
- Very Dissatisfied

Please explain your rating above:

2. Did the introductory trainings help clarify the expectations of the program?

- Yes
- No

3. What do you hope to get out of the C3 program?

4. What have you liked most about the trainings thus far?

5. What suggestions do you for improving the next trainings?

The Early Childhood Environment Rating Scale - Revised

6. Which of the following statements about the ECERS-R are **not true**? (*Please check all that apply.*)
- The ECERS-R is a widely accepted tool to assess quality child care environments.
 - High quality child care environments all look alike.
 - The ECERS-R is an observational tool.
 - The ECERS-R provides a rating on a scale of 1 to 7.
 - A child care environment that receives a score of 1 is very high quality.

Please review the following example of an ECERS-R score sheet.

Indoor space		1	2	3	4	5	6	7				
	Y	N		Y	N	NA		Y	N		Y	N
1.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		5.1	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		5.2	<input type="checkbox"/>	<input type="checkbox"/>	7.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.3	<input type="checkbox"/>	<input type="checkbox"/>		5.3	<input type="checkbox"/>	<input type="checkbox"/>			
1.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.4	<input type="checkbox"/>	<input type="checkbox"/>							
			3.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

7. Is this example scored correctly?
- Yes
 - No
8. What is the score for this example? _____

Your Child Care

The following questions on changes you may have made at your child care home are divided into each sub-scale of the Early Childhood Environment Rating Scale-Revised (ECERS-R). You may have made changes in those sub-scales already covered in a training, or you may have made changes in sub-scales yet to be presented in a training. For each indicator, please indicate changes you have made or check the “No changes yet” box for indicator.

9. **Space and Furnishings**

Indoor Space: <input type="checkbox"/> No changes yet	
Furniture for care, play and learning: <input type="checkbox"/> No changes yet	

<p>Furnishings for relaxation:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Room arrangement:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Space for privacy:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Child-related display:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Space for gross motor:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Gross motor equipment:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Other changes regarding Space and Furnishings:</p> <p><input type="checkbox"/> No changes yet</p>	

10. **Personal Care Routines**

<p>Greeting/departing:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Meals/snacks:</p> <p><input type="checkbox"/> No changes yet</p>	

<p>Nap/rest:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Toileting/diapering:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Health practices:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Safety practices:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Other changes regarding Personal Care Routines:</p> <p><input type="checkbox"/> No changes yet</p>	

11. Language-Reasoning

<p>Books and pictures:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Encouraging children to communicate:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Using language to develop reasoning skills:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Informal use of language:</p> <p><input type="checkbox"/> No changes yet</p>	

Other changes regarding Languages-Reasoning: <input type="checkbox"/> No changes yet	
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12. **Activities**

Fine motor: <input type="checkbox"/> No changes yet	
Art: <input type="checkbox"/> No changes yet	
Music/movement: <input type="checkbox"/> No changes yet	
Blocks: <input type="checkbox"/> No changes yet	
Sand/water: <input type="checkbox"/> No changes yet	
Dramatic play: <input type="checkbox"/> No changes yet	
Nature/science: <input type="checkbox"/> No changes yet	
Math/number: <input type="checkbox"/> No changes yet	

Use of TV, video and/or computers: <input type="checkbox"/> No changes yet	
Promoting acceptance of diversity: <input type="checkbox"/> No changes yet	
Other changes regarding Activities: <input type="checkbox"/> No changes yet	

13. Interaction

Supervision of gross motor activities: <input type="checkbox"/> No changes yet	
General supervision of children: <input type="checkbox"/> No changes yet	
Discipline: <input type="checkbox"/> No changes yet	
Staff-child interactions: <input type="checkbox"/> No changes yet	
Interactions among children: <input type="checkbox"/> No changes yet	
Other changes regarding Interaction: <input type="checkbox"/> No changes yet	

14. Program Structure

Schedule: <input type="checkbox"/> No changes yet	
Free play: <input type="checkbox"/> No changes yet	
Group time: <input type="checkbox"/> No changes yet	
Provisions for children with disabilities: <input type="checkbox"/> No changes yet	
Other changes regarding Program Structure: <input type="checkbox"/> No changes yet	

15. Parents and Staff

Provisions for parents: <input type="checkbox"/> No changes yet	
Provisions for personal needs of staff: <input type="checkbox"/> No changes yet	
Provisions for professional needs of staff: <input type="checkbox"/> No changes yet	
Staff interaction and cooperation: <input type="checkbox"/> No changes yet	

Supervision and evaluation of staff: <input type="checkbox"/> No changes yet	
Opportunities for professional growth: <input type="checkbox"/> No changes yet	
Other changes regarding Parents and Staff: <input type="checkbox"/> No changes yet	

16. Have you encountered any barriers to making changes in your child care environment?

- Yes
- No

If yes, what are those barriers?

17. Do you have any additional feedback on the trainings so far?

Thank you for your time!