



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. What do you hope to get out of the C3 program?
3. What have you liked most about the trainings thus far?
4. What suggestions do you have for improving the next trainings?

ASQ-SE Tool – Serving all Children with Inclusive Practices

5. What does it mean to be “inclusive”?

6. Which of these statements about interactions in child care are true? *Check all that apply.*
- As long as the children do as the provider says, the child care is high quality.
 - Providers do not need to worry about interactions among children. They will work it out.
 - The interactions among adults are not very important for high quality child care.
 - None of these statements are true.
7. If you are concerned that a child may have special needs, who might you contact? *Check all that apply.*
- Another provider
 - 4Cs
 - Early Learning Institute (ELI)
 - The child's parent
 - Other: _____

Child Care Program Structure

8. Which of the following is an element of a quality child care program structure? *Check all that apply*
- Group size
 - Number of adults
 - Routines
 - Activity options and transitions
 - Schedule and time for activities
 - Materials
 - Other: _____
 - Other: _____
 - Other: _____
9. What are three things to consider when planning activities with mixed-aged groups?
1. _____
 2. _____
 3. _____

Mini-Grant Application

10. Did the training increase your confidence in applying for a mini-grant?
- Yes
 - No

11. Do you plan on applying for a mini-grant in the near future?

- Yes
- No

12. What, if anything, from the C3 program will you use to apply for a new mini-grant?

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..

13. **Space and Furnishings**

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

<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>	

14. 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>	

Safety practices: <input type="checkbox"/> No changes yet	
Other changes regarding Personal Care Routines: <input type="checkbox"/> No changes yet	

15. **Language-Reasoning**

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

16. **Activities**

Fine motor: <input type="checkbox"/> No changes yet	
Art: <input type="checkbox"/> No changes yet	

<p>Music/movement:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Blocks:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Sand/water:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Dramatic play:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Nature/science:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Math/number:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Use of TV, video and/or computers:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Promoting acceptance of diversity:</p> <p><input type="checkbox"/> No changes yet</p>	
<p>Other changes regarding Activities:</p> <p><input type="checkbox"/> No changes yet</p>	

17. 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	

18. 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	

19. **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	

Almost done!

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

Yes

No

If yes, what are those barriers?

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

Thank you for your time!