

FPRO

**Family-Provider Relationship Quality
Measurement Development Project**

REVIEW OF EXISTING MEASURES OF FAMILY-PROVIDER RELATIONSHIPS

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Family-Provider Relationship Quality

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Introduction

The purpose of this review is to guide the development of a new measure of the quality of family-provider relationships in early care and education settings. The review has been conducted as part of the Family-Provider Relationship Quality (FPRQ) project (see Project Overview on page 2). Intended as a companion document for the review of the theoretical and empirical literature on family-provider relationships (Forry, Bromer, Chrisler, Rothenberg, & Simkin, 2012), this measures review provides a summary of existing instruments from various fields that examine family-provider relationships and an overview of methodological, conceptual, and logistical issues related to producing a measure of the quality of these relationships. More specifically, the purpose is threefold: (1) to examine existing instruments designed to assess the quality of family-provider relationships; (2) to identify issues that will need to be considered in the development of a new measure of family-provider relationship quality; and (3) to identify gaps as well as promising approaches and items for measuring these relationships in the context of the constructs and elements that are articulated in the FPRQ conceptual model (see Figure 1).

Our review is guided by several working assumptions about the resulting measure. Specifically, the measure: (1) is intended for families with, and providers serving, children birth through five years old (and not yet in kindergarten); (2) is designed to work across multiple early care and education settings including Head Start and home-based child care; (3) should be applicable to culturally and economically diverse groups; (4) will assess elements from the four constructs identified in the FPRQ conceptual model (i.e., attitudes, knowledge, practices, and environment; see below); and (5) has the potential to be used as or adapted into a tool to inform assessments of family-provider relationships in Head Start programs or Quality Rating and Improvement Systems. In addition, no assumptions were made about the format of the new measure(s). Therefore, existing measures from a wide array of formats, including interviewer-administered surveys, self-administered surveys, observational measures, and checklists, were examined.

The measures review builds on work conducted in preparation for the “Family Sensitive-Caregiving and Family Engagement Working Meeting: Identifying and Measuring Common Concepts,” which was held in June 2010 by the Office of Planning, Research and Evaluation (OPRE), in collaboration with the Office of Head Start and the Office of Child Care, of the U.S. Department of Health and Human Services’ Administration for Children and Families. This measures review specifically integrates and adds to a methodological review and measures table developed in preparation for the Working Meeting and incorporates an analysis of theoretical perspectives developed for a presentation to the 2010 Annual Meeting of the Child Care Policy and Research Consortium. An integration of information from each of these sources, as well as knowledge gleaned from the Working Meeting and subsequent meetings with experts in the field, serves as the basis for the FPRQ conceptual model (presented below and explained in detail in the accompanying document) and this measures review.

Family-Provider Relationship Quality Measurement Development Project Overview

The Family-Provider Relationship Quality Measurement Development project (FPRQ) is developing a new measure to assess the quality of the relationship between families and providers of early care and education for children birth to 5 years of age. The overall purpose of this new measure is to examine four key constructs related to the family-provider relationship: attitudes, knowledge, practices, and environmental supports. The measure will examine this relationship from both the parent and the provider perspectives, and capture important elements of provider facilitation of family-provider relationships that map onto the constructs listed above. Examples of elements in the measure include attitudes of respect, commitment, openness to change; theoretical/substantive knowledge as well as family/child-specific knowledge; relationship skills including bi-directional communication, sensitivity, and flexibility, and goal-oriented skills, such as collaborating and advocating for families; and environmental supports, such as having an open and welcoming environment.

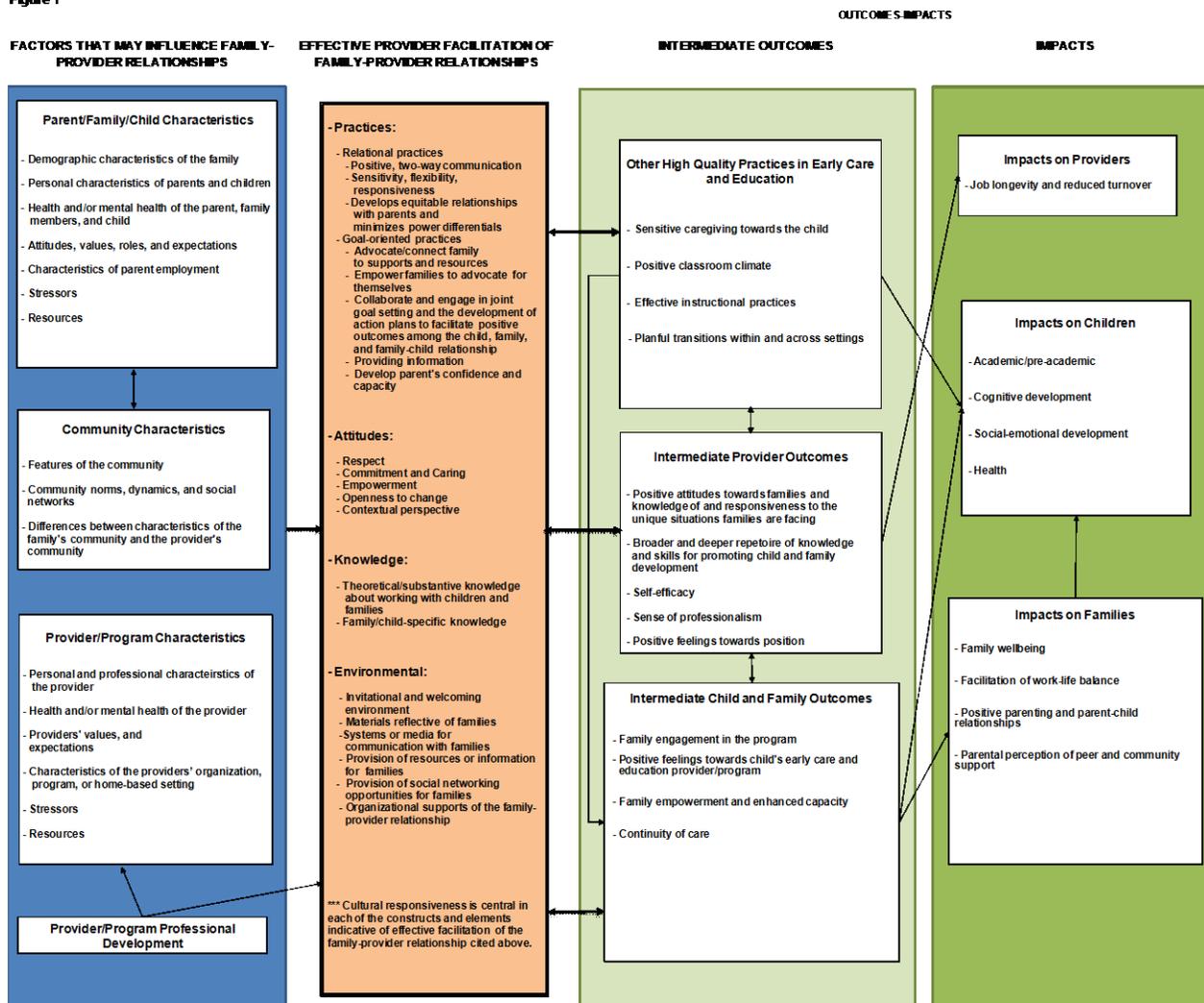
The goal of this project is to develop a measure that is appropriate for use across different types of early care and education settings, including Head Start and Early Head Start programs, center-based child care, home-based child care, and pre-k classrooms. In addition, a high priority of the project is to make the new measure culturally appropriate for diverse populations, including lower-income and higher-income families, ethnically/racially diverse providers and families, and Spanish-speaking families and providers.

Tasks for the FPRQ project include: (1) reviewing literature on family-provider relationships; (2) developing a conceptual model of the key components of family-provider relationships that promote family engagement and lead to better family, child and provider outcomes; (3) reviewing existing measures; (4) consulting with experts in relevant fields on possible content and format of the measure; (5) holding focus groups with parents and providers, developing items, and piloting the measure; (6) performing psychometric and cognitive testing to ensure the soundness of the measure; (7) developing a final measure (with manual) to be used for extensive data collection in a variety of care settings; and (8) developing a sustainability plan regarding training on the measure and production of future editions of the measure as needed.

The contract for this project was awarded by the Office of Planning, Research and Evaluation and the Office of Head Start in September 2010 to Westat in partnership with Child Trends, Bank Street College of Education, and the Erikson Institute.

The FPRQ conceptual model presented in the literature review (Forry et al., 2012) is based on empirical and conceptual literature related to family-provider relationships, reviews of the current Head Start and Early Head Start performance standards, and discussions with members of the FPRQ Technical Work Group and other experts in the field. The model integrates three conceptual perspectives on family-provider relationships: family support/family centered-care; parent involvement/family involvement/family engagement; and family-sensitive caregiving. The model articulates factors that may influence the family-provider relationship, such as parent, provider and community characteristics; elements of early childhood settings that the literature indicates facilitate providers' high quality relationships with families; and intermediate outcomes and potential longer-term impacts for families, children and providers (see Figure 1).

Figure 1



The central feature of the FPRQ conceptual model is the elements of effective provider facilitation of family-provider relationships that were identified in the literature review (Forry et al., 2012). These elements are organized into four constructs: attitudes, knowledge, practices, and environment (see orange box in Figure 1). In this model, “attitudes” refers to providers’ beliefs about their interactions with families; “knowledge” refers to the information providers have about family systems, child development and parenting as well as specific knowledge about individual families; and “practices” refers how providers’ beliefs and information are translated into their interactions with families. “Environment” refers to aspects of the physical environment, organizational climate, tone, and program resources that facilitate family-provider relationships. Cultural responsiveness is assumed to be an essential aspect of each of these constructs.

In large part, the FPRQ conceptual model makes distinctions among these constructs to facilitate the development of a measure of quality in family-provider relationships. The model includes distinct elements for attitudes, knowledge and practice to support wording of individual items that will capture both the unique and the overlapping dimensions of providers’ relationships with families. Environmental features also include specific elements in preparation for the creation of an observational checklist that will be developed through the FPRQ project.

Although the measures review was originally conceived as part of the literature review, it soon became clear that each review was capable of standing on its own. Therefore, we are presenting the measures review as a distinct product that focuses solely on existing instruments and issues related to the measurement of family-provider relationship quality. In total, we reviewed 62 instruments, which were identified through the literature review, existing compendia of early care and education measures, the 2010 Working Meeting, consultation with members of the FPRQ project’s Technical Work Group (see Appendix A), and extensive searches in academic search engines (such as EBSCO and JSTOR) and on the Internet.¹

This document begins with a description of the process we used to identify instruments and construct the summary review table (see Table 1). Then, an overview of the reviewed instruments is provided. This overview includes a description of the fields for which the instruments were developed, the structural features of the instruments, the content of each instrument as it relates to the constructs and elements in the conceptual model (see Figure 1), and the psychometric properties of the instruments. Section 2 discusses the applicability of extant instruments for the development of a new measure of family-provider relationship quality. We conclude with a discussion of some of the challenges in creating a new measure to assess the quality of family-provider relationships that can be used across settings and with culturally diverse groups of parents, providers, and programs.

¹ In addition to these 62 instruments, we identified an additional 17 measures that are not included in this review. Six of these we have not been able to locate. The other 11 did not contain relevant items.

Notes to Readers Regarding Terminology

Three terms used throughout this review warrant definition. First, the term “early care and education” (ECE) refers to all child care and early education settings for children birth to five years of age. This includes center-based programs (i.e., Head Start, pre-K, and community-based child care) and home-based child care programs (family child care, and family, friend and neighbor care providers). Second, our use of the term “parent” throughout this review reflects the current state of existing work, since most published literature and measures on the topic of family-provider relationships focus on the providers’ relationships with parents. However, we acknowledge the role that extended family members play in the lives of children and in relationships with providers and include literature on family-provider relationships when possible. While most of the literature does not yet extend to this larger view of “family” interactions with providers, our intention is to be inclusive of all family members who serve as caregivers. Third, we use the term “providers” to refer to any individuals involved in offering non-parental early care and education to children. This includes center staff (teachers, assistant teachers, aides); center directors; home-based child care providers who offer care in their homes to small groups of children; relative caregivers such as grandparents; and friends and neighbors who provide care that is legally exempt from regulation. In addition, in this review, “providers” includes staff within ECE settings who develop relationships with parents to provide parental supports and service referrals (i.e., Head Start family service workers); early intervention specialists and special education teachers when we refer to instruments from the early intervention field and special education fields; health-related professionals such as nurses when we refer to instruments from the health field; social workers or child welfare staff when we refer to those fields; and elementary school teachers and after-school staff when we discuss instruments that are intended for use in those settings.

Section 1: Examining Extant Instruments

In this section, we describe the process we used to identify and organize the extant instruments as well as our findings on the structural features and content of these instruments. Two tables accompany this section and are described in detail below. Table 1, “Summary of Measures of Family-Provider Relationships,” summarizes the individual structural and content features of each instrument that we reviewed. Table 2, “Working Definitions of Key Elements of High Quality Family-Provider Relationships,” presents the definitions of the individual elements within each construct that guided the analysis of the content of items within the measures.² A third table that summarizes the wording of the items in the instruments is available upon request.

Identifying Extant Instruments

As noted at the outset, the process for identifying measures of family-provider relationships began with a review of a measures table developed for the 2010 Family-Sensitive Caregiving and Family

² Table 2 reflects the definition developed at the time of this review. These definitions may change as the project progresses and/or as new information is identified.

Engagement Working Meeting and reviews of two compendia of existing measures of quality in early care and education: (1) the Supply and Demand Compendium (Guzman, Forry, Rivers, Kuhfeld, Wandner, Atienza, & Whitney, 2009) prepared for the National Survey of Early Care and Education, and (2) the Quality Measures Compendium (Halle, Vick, Whittaker, & Anderson, 2010). Additional instruments were identified through the FPRQ literature review, which included conceptual and empirical research articles related to family-provider relationships in the fields of health, mental health, social work, family systems, early care and education, and K-12 education (Forry et al., 2012). Experts in the field who contributed to the planning of the Family-Sensitive Caregiving and Family Engagement Working Meeting in June 2010 also suggested relevant instruments.

To ensure that our list was as exhaustive as possible, additional instruments were identified through a key word search³ of academic journal databases, including JSTOR and EBSCO, and on the Internet more generally. In some cases, we were not able to locate the instrument and its items despite its citation in a journal article. In these cases, we have summarized the instrument if sufficient information was available. The final list of instruments consists of 62 measures.

Organizing the Instruments

To facilitate analysis of the instruments, a table was created to summarize the individual features of the instruments (Table 1). This table includes information about the structural aspects of each measure, its content, and its psychometric properties. The structural features consist of the following seven categories:

- **type of instrument** (observational, interviewer-administered survey, self-administered questionnaire (SAQ), qualitative, Quality Rating Improvement System (QRIS));
- **type of respondent** (observer, parent, director/administrator, provider, other);
- **language** in which the instrument is available (English, Spanish, other);
- **type of setting** for which the instrument is intended (center-based, including Head Start, pre-K, community-based, other or non-specified; family child care; family, friend and neighbor care; K-12; non-specified);
- **ages of the child or children** with whose families the instrument was intended to be used (0-2, 3-5, 6-12, 0-18, unspecified);
- whether the instrument is **intended for a special population**; and
- a synopsis of **psychometric properties** of the measure, if available.

Table 1 also includes categories for individual elements of the four constructs (attitudes, knowledge, practices, and environmental features) identified in the FPRQ conceptual model. The definitions of the elements were used to “code” the items in the instruments into their respective

³ Over 40 key words were used. Some of the most fruitful key words included: family-provider relationship, family-centered care, quality of parent-provider/caregiver/teacher relationship, family-sensitive caregiving, family engagement, family/parent-involvement, and family support.

categories. The constructs and their individual elements include the following (see also Table 2 for full definitions of the constructs and elements):

- **Attitudes:** respect, commitment and caring, empowerment, openness to change, and contextual;
- **Knowledge:** theoretical/substantive knowledge (family functioning, child development, effective parenting skills), and family/child specific knowledge;
- **Practices:** relational skills and goal-oriented skills (advocate for and connect families, engage in joint goal setting, empower families to advocate for themselves, and provide child-specific information);
- **Environmental features:** invitational and welcoming environment, systems and media for communication with families, materials reflective of families, resources for families: information, and resources for families: chances for peer networking (formal and informal).

Definitions of the individual elements, which are summarized in Table 2, were developed based on the companion literature review (Forry et al., 2012) and the Head Start/Early Head Start Performance Standards. After initial training on the definitions, a team of five researchers tested a small sample of instruments to ensure that these common definitions were applicable for coding purposes. The researchers then discussed the definitions to reach consensus about interpretation and to resolve discrepancies. Once agreement had been reached and the definitions were finalized, the researchers coded a small number of instruments and compared results to ensure that the coding was reliable and that individual items were being coded in the same way. Each member of the team then coded between 10 and 15 instruments. The resulting codes were then recorded in Table 1. If information was not available for a specific category, the cell was left blank in anticipation of further research, such as contact with the instrument's author. The two lead authors then reviewed the coding for all of the instruments to ensure that it was correct.

Table 3, "The Item Table", which is available on request, was developed using the same coding and quality control procedures detailed above for the measures summary table. As noted earlier, it summarizes the wording of the items included in these instruments. The items are organized by constructs and within the constructs by elements and within elements by type of respondents (e.g., parent, provider, other). The table includes the exact wording of the items, the response scale, source, and psychometric information when available. Additionally, we note the setting type, age range for which the items and instrument were intended, and the type of instrument (e.g., observational vs. survey) in which the items appeared as well as other pertinent notes. The Item Table was designed to facilitate development of the first draft of the measure or measures. Since the items are organized within constructs by elements, researchers can easily review available items and wording and select an item or set of items that best capture the element as intended as well as identify areas where items may need to be developed or adapted.

Findings

The 62 instruments we reviewed came from a variety of fields. Instruments developed for early care and education settings were most common (42), followed by those intended for use in early intervention or special education (12). We also identified nine instruments that were intended for use in K-12 education or after-school programs, four instruments intended for use in medical settings, and one each respectively for child welfare settings, social work programs, and home visiting.

As a body, the instruments we reviewed reflect one or more of the conceptual perspectives of family-provider relationships (family support/family-centered care; parent involvement, family involvement, family engagement; and family-sensitive caregiving) that informed the development of the FPRQ conceptual model).⁴ The perspectives of family engagement and family/parent involvement—and, to some extent, family-sensitive caregiving—are represented in the measures developed for early childhood and K-12 education settings, while those of family support and family-centered care are most apparent in the measures developed for early intervention, special education, and the health and social work fields. As we indicate below, promising items and approaches for measuring quality in family-provider relationships emerged in instruments across a range of perspectives and fields.

Structural Features of the Reviewed Measures

The following section describes the structural features of the measures we reviewed. These features include the type of measure, the type of respondent, the language or languages in which the measure is available, the setting for which it is intended, and the age ranges for which it is designed. The number of instruments in individual categories may exceed the total number of 62 instruments because some measures may apply to more than one category.

Type of measure. More than half of the instruments (35) we reviewed were self-administered questionnaires (SAQs). Among them were 13 instruments designed for early care and education. Examples include: the Early Childhood Longitudinal Study Birth Cohort Provider Questionnaire, the Emlen Scales, the Parent Caregiver Relationship Scale, and the Strengthening Families through Early Care and Education Program Self-Assessment (Table 1). Seven SAQs, including the Ready School Assessment, the Incredible Years Evaluation INVOLVE for both teachers and parents, and the Parent and Teacher Involvement Measure, were designed for use in elementary education settings.

Also included in the SAQ category were nine instruments that aimed to assess family-centered care in early intervention programs and special education. Examples include the Family-Centered Behavior Scale, Family-Centered Care Self-Assessment Tool (Family Voices), the Family Outcomes Survey Revised, and the Helpgiving Practices Scale. In addition, the four instruments designed for medical settings (The Family Nurse Caring Belief Scale; the Medical Home Index: Pediatric; The Pediatric Patient-Family-Centered Care Benchmarking Survey; and the Hospital Self-Assessment Inventory, Patient- and

⁴ The reader is referred to the companion literature review (Forry et al., 2012) for a discussion of the conceptual perspectives that informed the Family-Provider Relationship Quality conceptual model.

Family-Centered Care) were SAQs, as was the one measure designed for social work programs (the Helping Relationship Inventory for Social Work Practice) and the one used for families involved in the child welfare system (the Parent Leadership Development Self-Assessment).

The other instruments were evenly divided between observational measures (17) and interviewer-administered surveys (18). Among the observational measures we reviewed, the majority (12) were intended for early care and education. Some examples include the Assessment Profiles for Family Child Care Homes and for Early Childhood Programs, the Early Childhood Environmental Rating Scale-Revised, and the Business Administration Scale. This category also included the Ready School Assessment and the School-Age Care Environmental Rating Scale-Revised for elementary school settings; the Home Visit Rating Scale, intended to assess home visitors; and the Family Provider Interaction Analysis, designed to assess the relationship between a provider and families with infant and toddlers with special needs.

Like the observational instruments, most of the 18 interviewer-administered instruments we reviewed were intended for early childhood settings, while a few were designed to be used in elementary school settings. Among the early childhood measures are the Three-City Study Questionnaire; the National Survey of Early Care and Education Design Questionnaires for center-based settings, home-based child care settings, and parents (which can also be used for school-age care); and the Work-Child Care Fit interview protocol and Continuity of Care and Provider Flexibility Scale, which assess work-family balance issues. Examples of other instruments in this category consist of interview components of observational measures, such as the Early Childhood Environmental Rating Scale-Revised, the Child Care Assessment Tool for Relatives, and the Program Administration Scale. In addition, our review found three interviewer-administered measures and one observational measure with an interview component designed for use in elementary school and after-school settings: the Assessment of Practice in Early Elementary Classrooms, the Ready School Assessment, and the School-Age Care Environmental Rating Scale-Revised.

In general, regardless of intended setting, interviewer-administered instruments use Likert-type scales or other types of scales to rate responses. Two of the instruments—the Strengths-Based Practices Inventory, which was used in an Early Head Start study, and the Work-Child Care Fit interview protocol, which was used in a small qualitative study in Chicago—were identified as qualitative because they used open-ended questions and probing.

By respondent. The distribution by respondent of the reviewed instruments reflects, in large part, the type of instrument. Seventeen instruments identified the observer as the respondent, consistent with the number of observational instruments. Among the other types of respondents, parents represented the largest category (30), followed by provider (22). There were eight instruments that identified the program director or administrator as the respondent.

Many of the instruments that use parents as respondents were SAQs, including the Incredible Years INVOLVE for parents, the Ready School Assessment parent interview, and the Hospital Self-

Assessment Inventory Patient- and Family-Centered Care. There were also a number of SAQ measures for families with children with special needs that rely on parents as respondents including the Family-Centered Behavior Scale, the Family Empowerment Scale, the Family Outcomes Survey, and the Measure of Process of Care. Several interview-administered instruments for early childhood settings, such as the NICHD Study of Early Child Care Parent and Teacher Involvement survey, the Three-City Study Questionnaire, the Parent Caregiver Relationship Scale and the Work-Child Care Fit protocol, also use parents as respondents.

The 22 instruments which rely on providers as respondents include several early childhood observational instruments (e.g., Early Childhood Environmental Rating Scale-Revised) as well as several early childhood SAQs (e.g., Early Childhood Longitudinal Study Birth Cohort Provider Questionnaire). In contrast, only two early childhood instruments with providers as respondents were designed to be administered by interviewers. Specifically, these instruments are the National Survey of Early Care and Education center- and home-based settings interviews. Providers are identified as respondents in the health SAQs (e.g., Family Nurse Caring Belief Scale, Medical Home Index, and Pediatric Patient Family-Centered Care Benchmarking Survey), the Family Professional Partnership Tool (intended for families with children with special needs), and the Helping Relationship Inventory for Social Work Practice.

By language. All 62 instruments we reviewed are available in English. Four are also available in Spanish: the Early Childhood Environmental Rating Scale-Revised, the Early Childhood Longitudinal Study Birth Cohort Provider Questionnaire, the Infant/Toddler Environmental Rating Scale-Revised, and the Medical Home Index. Five are also available in other languages. The Early Childhood Environmental Rating Scale-Revised and the Infant/Toddler Environmental Rating Scale-Revised are available in Italian, Swedish, German, Portuguese, Spanish, and Icelandic. The Medical Home Index is available in Chinese and the Measure of Process of Care is available in French. The School-Age Care Environmental Rating Scale- Revised (SACERS-R) is available in German and French.

By setting. A majority (42) of the reviewed instruments are intended for use in early care and education settings. Of these 42 instruments, 13 are not specified for a particular type of center-based setting, such as the Assessment Profile for Early Childhood Programs, the Child Development Program Evaluation Scale, and the Program Administration Scale, whereas 12 instruments are specifically intended for use in home-based child care and 3 are for use in family, friend and neighbor care. Twelve instruments are designed for use in elementary or after-school settings. Finally, 24 measures were classified into the “other” category, which includes instruments intended for early intervention settings as well as for medical and social work settings, and for families with children with disabilities.

By age. The “unspecified age” category represented the largest group of instruments (24), followed by those designed for families of preschool children ages three through five (23), and those intended for families with infants and toddlers (17).⁵ There were 17 instruments for families with children between six and 12 years of age.

⁵ Several of the instruments were developed for more than one age group (e.g., 0-2 and 3-5 years old).

Many of the measures in the unspecified age category were intended for use with families with children with special needs or disabilities or for medical or social work settings. This category also included the Home Visiting Rating Scale, which is for use in home visiting, and the Work-Child Care Fit interview protocol.

Content of Measures

Below we summarize the items and measures by the FPRQ conceptual model elements that they capture.

Attitudes. The construct that taps into attitudinal aspects of family-provider relationships consists of five elements: (1) Respect; (2) Commitment and Caring; (3) Empowerment; (4) Openness to Change; and (5) Contextual. Among these five elements, items related to the first three (respect, commitment and caring, and empowerment) are most common among the instruments we reviewed, with 39 instruments containing items for at least one of these elements. In contrast, only 12 instruments contain items for “openness to change” or “contextual”.

Respect. Twenty-four instruments included items on respect in family-provider relationships. This includes a number of observational instruments (i.e., the Child and Caregiver Interaction Scale, the Home Visiting Rating Scale) and SAQs (i.e., the Emlen Scales, the Incredible Years Evaluation INVOLVE). Instruments also came from a variety of fields including early intervention/special education (e.g., the Family-Centered Behavior Scale, Family Outcome Survey-Revised, Family Professional Partnership Tool, and the Helpgiving Practices Scale) and health (e.g., the Family Nurse Caring Belief Scale and the Hospital Self-Assessment Inventory).

Items tapping into respect varied in approach and content. Most instruments measure the respect that providers show the parent or family and for the most part, measure it uni-directionally from the provider to the child or parent. Some items, such as “My child is treated with respect” from the Emlen Scales, tap into the parents’ perception of the respect providers show the child. Other instruments, such as the Family-Centered Behavior Scale and Strengths-Based Practice Inventory, include items that potentially tap into respect for families’ diversity (e.g., “Staff members do not make negative judgment about us because we are different from the staff member,” “Staff member respects our family’s beliefs, customs, and way that we do things in our family,” or “The program staff respects my family’s cultural and/or religious beliefs”), as well as items that tap into parents’ perception of behavioral aspects of respect, such as “Staff member does not criticize what we do with our child.”

Commitment and caring. We identified 24 instruments that include items on commitment and caring in family-provider relationships. This includes several early childhood observational instruments such as the Assessment of Practices in Early Elementary Classrooms and the Child Care Assessment Tool for Relatives; and a number of surveys (SAQ and interviewer-administered) such as the National Survey

of Early Care and Education, the NICHD Early Child Care (parent report), and Maine's QRIS Quality for Maine: Quality of Child Care Services SAQ.

A number of the items in these instruments measure providers' commitment towards the *family* rather than the parent or child, per se. For example, the Home Visit Rating Scale includes the item, "Home Visitor shows interest in what happens with the family." Similarly, the Family Nurse Caring Belief Scale includes the item "It is my responsibility to provide for the family's well-being when they are in the hospital with their child." In contrast, several instruments, such as the Emlen Scales and the Incredible Years Evaluation INVOLVE, assess the extent to which the provider cares for parents or child through items like "The caregiver is warm and affectionate toward my child," or "You feel your child's teacher cares about you."

Empowerment. Twenty-two instruments included items to measure the extent to which providers help to empower parents. This includes a number of survey instruments, such as Family Empowerment Scale and the National Survey of Early Care and Education Parent Questionnaire, and observational instruments, such as Home Visit Rating Scale and Family Provider Interaction Analysis scale.

The Strength-Based Practice Inventory offers five items that tap parents' perception of the degree to which providers help to empower them including "Program staff help me to use my own skills and resources to solve problems," "Program staff encourage me to think about my own personal goals and dreams," and "The program staff work together with me to meet my needs." The Hospital Self-Assessment Inventory includes a 19-item scale that assesses the extent to which patients and families serve and shape hospital committees and task forces, two different but important perspectives to capture under empowerment in family-provider relationships. Other examples of items that measure empowerment from the parent perspective include "I am able to work with agencies and professionals to decide what services my child needs," and "I believe that parents can have an influence on services provided for children." It is important to note that, while these items tap into whether a parent feels empowered, they do not assess whether that empowerment is facilitated by their relationship to the provider.

Openness to change. We identified six instruments that include items to assess openness to change within family-provider relationships. These include items in the Emlen Scales, Family Nurse Caring Belief Scale, Family Provider Interaction Analysis,⁶ National Survey of Early Care and Education (Household and Center-based Survey), and the Three City Study. For the most part, items measured parents' perception of the extent to which providers are open to new ideas (e.g., "My caregiver is open to new information and learning"). The National Survey of Early Care and Education (Center-based Survey) includes an item on the director's perception of the importance of providers being responsive to parents' suggestion about their child's care ("How important to you is it that your lead teachers pay attention to the suggestions parents make about care for them?"). The one instrument that measures

⁶ We were unable to locate full item wording for this instrument.

openness to change from a provider's perspective is Family Nurse Caring Belief Scale which includes the following item, "It is my responsibility to change my plan of care over time to incorporate what the family feels is right for them given their perspective of the situation with the child." All of the items measure the parent's, provider's or director's perceptions of the extent to which provider should be or is open to change, but none tap into the extent to which parents are open to change based on information or advice they may have received from their provider.

Contextual. We identified seven instruments that include items that measure whether providers have a contextual perspective (i.e., viewing the family as a unit, appreciation for the broader context in which the child's development and family's situation are located). Items tapping into this element are found in the Business Administration Scale for Family Child Care, Child Care Assessment Tool for Relatives, Emlen Scales, Family-Centered Care Self-Assessment Tool, Work-Child Care Fit Interview protocol, Family-Centered Behavior Scale, and Hospital Self-Assessment Inventory. Items cover a range of contextual perspectives, such as the extent to which a program assesses whether the child and family are a good fit for the program, the parents' comfort level in sharing information about family life, how often providers and parents talk about what is happening at home and in the parent's life, and the extent to which parents are invited to present to staff how cultural values and family life should be taken into account in determining a child's treatment.

Knowledge. Among the items we sought to identify in our review of existing instruments are those related to providers' or families' knowledge. Two types of knowledge are included in this category: (1) *theoretical/substantive knowledge* of topics such as family functioning, child development, and effective parenting skills; and (2) *family/child-specific knowledge*. Among these elements, instruments with items related to family/child-specific knowledge are most common (17). Instruments containing these items far exceed those related to theoretical or substantive knowledge. There are six instruments with items related to theoretical or substantive knowledge of family functioning, six instruments related to knowledge of child development, and only one instrument related to knowledge of effective parenting skills.

Theoretical/substantive knowledge: Family functioning. The six instruments reviewed that contain items on family functioning are evenly divided among three fields: early childhood education, early intervention, and health. The two early childhood instruments are the Strengthening Families Self-Assessment and the National Survey of Early Care and Education; the two early intervention or special education measures are the Family-Centered Care Self-Assessment Tool and the Family-Centered Behavior Scale; and the two health measures are the Hospital Self-Assessment Inventory and the Family Nurse Caring Belief Scale.

Of the early childhood instruments, the Strengthening Families Self-Assessment includes the widest array of items about family functioning. These items range from specific questions about staff's knowledge of relationships within the family (i.e., parent-child relationships, sibling relationships) to the availability of training on a variety of family health and well-being issues such as depression, mental illness and substance abuse. One of the early intervention measures, the Family-Centered Care Self-

Assessment Tool, also includes items related to whether the staff asked about family issues, such as how the child’s diagnosis and treatment might affect stress at home.⁷ Many of these items straddle the line between theoretical (e.g., knowledge of issues that might exist) and practical knowledge (e.g., issues more closely pertaining to how the specific family is functioning) of family functioning. By contrast, the items in the Family Nurse Caring Belief Scale are less direct, asking providers how they consider family well-being while children are in the hospital or understanding that families’ experiences are equally important as the care of the child.

Theoretical/substantive knowledge: Child development. Six of the instruments we reviewed include items related to knowledge of child development. Five instruments are designed for the early childhood field: the Emlen Scales, Partnership Impact Research Study Parent Questionnaires, Quality for Maine, Strengthening Families Self-Assessment, and the Three-City Questionnaire. The sixth one, the Family-Centered Care Self-Assessment Tool, is a health measure. Most of the items in these instruments relate to the caregivers’ or providers’ general knowledge of children and their needs (for example, “My caregiver shows she knows a lot about children and their needs” in the Emlen Scales, Quality for Maine and the Three-City questionnaire). However, the Strengthening Families Self-Assessment uses language related to knowledge about specific developmental domains such as social-emotional and physical development.

Theoretical/substantive knowledge: Effective parenting skills. Only one of the instruments we reviewed includes items related to the provider’s or caregiver’s knowledge of parenting skills. Specifically, the Strengthening Families Self-Assessment includes a statement about the staff’s knowledge of parenting practices across cultures and ethnicity. It also includes items related to staff discussions with parents about discipline and to staff coaching of parents about how to interact with children effectively.

Family/child-specific knowledge. Seventeen of the instruments we reviewed include items related to the provider’s or caregiver’s specific knowledge of the family or the child. These items were reflected generally as the “Provider/caregiver knows my child,” or “She knows my strengths,” from the parent’s perspective, and “I understand the needs of the child and the family,” and “I understand the child or family,” or “I know the family,” from the provider/caregiver’s perspective. The instruments with items for this element included several early childhood observation measures, such as the Assessment Profile for Family Child Care Homes, the Emlen Scales, the Child Care Assessment Tool for Relatives, and the Child Development Program Evaluation Scale. Several early intervention/special education measures also include items related to specific knowledge of families or children. Examples are the Family-Centered Behavior Scale, the Family Empowerment Scale, and the Measure of Process of Care. Three of the health measures—the Family Nurse Caring Belief Scale, the Hospital Self-Assessment Inventory, and the Medical Home Index: Pediatric—include items on family/child-specific knowledge as well, as does the Incredible Years Evaluation INVOLVE questionnaires for teachers.

⁷ These items are not included in Table 3 (items summary) because they are not relevant to early care and education settings.

Practices. The practice construct consists of two broad elements: (1) relational skills and (2) goal-oriented skills. Relational skills include positive, two-way communication that is responsive to families' preferences and providers' personal boundaries; sensitivity, flexibility, and responsiveness to support families' identified needs and goals; and, an equitable, culturally-responsive relationship between the provider/program and family that is inclusive of the families' primary home language when appropriate. Goal-oriented skills include the ability to advocate for and connect families to peer and community supports/resources; engage families in joint goal setting and decision-making; empower families to advocate for themselves, particularly in the transition to other early care and education arrangements, transition to K-12 school, or when trying to obtain social services; and provide information about the child's development or available family supports. Since the items tapping into the various aspects of relational skills (e.g., two-way communication, sensitivity, flexibility and responsiveness, etc.) are often measured through similar or interrelated items, these are summarized together. In contrast, items measuring various aspects of goal-oriented skills are often distinct and thus are summarized separately.

Among the instruments we reviewed, items related to relational skills are most common, found in two-thirds of the instruments (43). The second most common set of items pertain to the goal-oriented skills of providing child-specific information (i.e., sharing information related to the individual child's development and/or family supports) (33). Third most common were items related to the goal-oriented skills of advocating for and connecting families to peer and community supports/resources (20). These were closely followed by items pertaining to the goal-oriented skills of engaging families in goal setting and decision-making, found in close to one-fourth of the instruments reviewed (15). The least commonly found items were for the goal-oriented skills of empowering families to advocate for themselves, particularly in the transition to other early care and education settings or schools and when trying to access social services (6).

Relational skills. The majority of the items pertaining to relational skills come from early childhood instruments, predominantly from SAQs. Items tapping into relational skills largely focus on parent and provider communication about the child and, in some cases, the tone of the communication. For example, the National Survey of Early Care and Education includes a series of items about the frequency with which parents talk to providers about the concerns they may have about their child's behavior, what the provider is doing with the child, concerns about the child's development and direction to support child's learning at home. Many of the items tapping into the frequency or tone of communication measure communication uni-directionally (from parent to provider or provider to parent), for example, "The staff member listens to us," and "The staff member talks in everyday language that we can understand." However, this review found a few items that denote the presence of bidirectional communication about the child's development and goal setting, as well as provider sensitivity and responsiveness to families' needs and goals. For example, the Emlen Scales includes the item, "My caregiver and I share information," while the Family-Centered Care Self-Assessment Tool includes a number of items that rate the frequency with which providers work in partnership with families to make health care decisions (e.g., "Do you and your staff partner with families to help define

their role in their child's care?"). A few instruments include items that assess providers' sensitivity towards the family's culture and linguistic abilities (e.g. having a service provider who speaks parents' primary language) such as, "The diversity of families is celebrated and used as a basis for learning."

Goal-oriented skills: Advocate and connect families. Instruments including items to assess whether providers advocate for and serve as bridges linking families to peer and community supports and resources came from various fields, including early childhood, health, and early intervention services (e.g. Family-Centered Care Self-Assessment Tool, Medical Home Index, and Measure of Process of Care). Several of these measures focus on whether information was provided to families regarding community resources and connecting families with peers and resources in their community. One example is an item from the Measure of Process of Care Questionnaire, which asks parents to rate to what extent "[the center staff] gives you information about the types of services offered at the center or in your community" and "provides advice on how to get information or to contact other parents." Other instruments have items that focus more directly on "active" practices with regard to advocating and connecting families, such as "The program connects you with services and people" from the Family Outcome Survey-Revised.

Goal-oriented skills: Engage in joint goal-setting. Items that assess whether service providers collaborate and engage families in joint goal-setting and decision-making primarily come from measures designed for use in health or early intervention settings (e.g., A Hospital Self-Assessment Inventory, Patient- and Family-Centered Care, Measure of Process of Care, and Medical Home Index: Pediatric), although there are also some from the early childhood education field (e.g., Qualistar Rating Criteria Chart and Teaching Pyramid Observation Tool). These items focus mainly on the extent to which service providers listen to and understand the family's perspective, or the degree to which providers and families collaboratively set goals for the well-being of the child. For example, the Family Nurse Caring Belief Scale has an item, "When nurses utilize the family as a significant source of information, the child's care is improved." These measures, while largely tapping into the providers' beliefs about joint goal setting, could be adapted to measure parents' belief as well as providers' and parents' behaviors with regard to joint goal-setting.

Goal-oriented skills: Empower family to advocate for themselves. Few of the instruments we reviewed include items that measure the extent to which service providers empower families to advocate for themselves. These measures primarily come from family-centered early care and education instruments or instruments designed for programs serving children with disabilities (e.g. the Family-Centered Care Self-Assessment Tool and the Helpgiving Practices Scale). Items focus on service providers encouraging and showing families how to actively seek community services, know their rights as parents, and voice opinions with professionals. The Family-Centered Behavior Scale, for example, contains several items that tap into this aspect such as "The staff member encourages me to speak up during meetings with professionals when there is something that I want to say." Empowerment is also conceptualized in terms of service providers helping families recognize their strengths, skills, and goals as the following item from the Strength-Based Practices Inventory illustrates, "The program staff help me to see strengths in myself I did not know I had."

Goal-oriented skills: Provide child-specific information. Items assessing whether the provider gives parents information about their child’s development come from instruments designed for a range of settings, including early childhood education, family-centered care, early interventions, and health care (e.g., Child/Home Early Language and Literacy Observation, Family Outcomes Survey-Revised, and Hospital Self-Assessment Inventory). Some items conceptualize sharing child-specific information as a mutual effort between parents and teachers. For example, an item in one observational measure, the Assessment Profile for Family Child Care Homes, instructs the observer to look for evidence of bidirectional information between parent and service provider. Several of the items tap into unidirectional (mostly teacher to parent) efforts to communicate information about the child, such as the item from the Assessment of Practices in Early Elementary Classrooms which asks whether “the teacher communicates with families at least once a month concerning each child’s overall progress at school.”

Fewer items were identified that measure the extent to which information about the child is transmitted to parents in the context of their home environment or through mentoring-type interactions. Possible exceptions include several observational instruments such as the Home Visit Rating Scale which includes the following items: “Home visitor brings material or activities to the home to promote parent-child interactions;” “Home visitor provides appropriate suggestions and encouragement for parent-child interactions;” or “Home visitor uses materials already in the home to promote parent-child interactions.”⁸

Environmental features. The environmental features category consists of five elements: (1) invitational and welcoming environment; (2) systems and media for communication with families; (3) materials reflective of families; (4) resources for families: providing information about resources and services in the program and the community; and (5) resources for families: chances for peer-to-peer networking (formal and informal). Among the instruments we reviewed, the most common items are ones related to invitational and welcoming environment, such as open-door policies, opportunities for parents to participate in the program, opportunities for parents to participate in educational programs, and opportunities for parents to participate in advisory boards (present in 30 instruments). Items related to resources for families (information about services in the program and the community) are the next most common, found in 20 instruments.

Items addressing systems and media for communication with families, including bulletin boards and newsletters as well as electronic communication such as texting, e-mail and Facebook, are found in a fewer number of instruments (19). Only six instruments contain items related to opportunities for peer-to-peer networking. Lastly, six instruments contain items assessing the element “materials reflective of families” (i.e., materials that are inclusive of fathers, culturally and linguistically reflective of families, or address issues relevant to families with children with disabilities).

⁸ These items are not included in Table 3 (items summary) because they are not relevant to early care and education settings.

Invitational and welcoming environment. As mentioned above, many instruments across the fields include items related to offering an invitational and welcoming environment. Of the measures we reviewed, 30 include items for this element, and slightly more than half (16) of these were designed for use in early care and education settings. Among the instruments targeted to early care and education settings, items are most commonly reflected in questions about participation in advisory boards or involving parents in the program as volunteers in the classroom or other types of activities. There are also some items related to the physical space and whether there is a comfortable space for families to meet. Some instruments such as the Emlen Scales and the Incredible Years Evaluation INVOLVE parent questionnaire, for example, ask direct questions about whether the parent feels welcome. Among the instruments designed for the health field, the Hospital Self-Assessment Inventory has items about a welcoming physical space, including parking, reception areas, and spaces for private conversations.

Systems or media for communication with families. Roughly one-third of the instruments we reviewed (19) include items related to systems and media for communication with families. Among the early childhood instruments that include items on this element are the Assessment Profile for Early Childhood Programs, the Child/Home Early Language and Literacy Observation, Program Administration Scale, the Early Childhood Environmental Rating Scale-Revised (ECERS-R), and the Teaching Pyramid Observation Tool. Many of the items relate to the availability or use of multiple modes of communication (e.g., informal communication, e-mail, phone calls, bulletin boards, and newsletters). Some also specify the frequency of the communication such as “The program offers daily written communication about your child’s day,” or “Teacher uses regular (at least once a week) informal communication.”

Among the other instruments with items related to communication are the Ready School Assessment for elementary school settings, and instruments designed for the health field such as the Hospital Self-Assessment Inventory and the Medical Home Index. These instruments include a variety of forms of communication. For instance, the Hospital Self-Assessment Inventory lists pagers as a system for communicating with families.

Materials reflective of families. Within the environmental features construct, items measuring materials reflective of families are only present in six instruments. This includes a small number of instruments designed for the early care and education field (Strength-Based Practices Inventory, the Partnership Impact Research Study Parent Questionnaires, Strengthening Families Self-Assessment director/administrator and provider report), and two instruments designed for the health field (the Hospital Self-Assessment Inventory and the Medical Home Index). Only one of the instruments reviewed, Strengthening Families Self-Assessment, includes specific items about fathers.

Resources for families: Providing information. Among the instruments with items related to providing information to families about program services and services in the community, 13 are for use in early childhood settings or with early childhood populations. They include six of the 17 observational instruments including the Assessment Profiles for Family Child Care Homes, the Business Administration

Scale for Family Child Care, the Child Development Program Evaluation Scale, and the Teaching Pyramid Observation Tool. Most of these items in these instruments relate to the availability of information about resources that are relevant to the parent. For example, Business Administration Scale for Family Child Care includes an item, “The provider gives parents descriptive information regarding tax credits, child care subsidies, or employer child care benefits.”

One interviewer-administered instrument for early childhood, the Work-Child Care Fit measure, also includes items related to “resources for families: information about program services and services in the community.” In addition, five early childhood SAQs have items on this element. The Strengthening Families Assessment includes the broadest range of items. In addition to an item on written information on child development and parenting available to families in their own language, it has items asking about the availability of information related to families’ needs such as crisis services or concrete supports. The Strengthening Families Self-Assessment also includes an item indicating whether up-to-date information about the business hours and location of services is available (e.g., “The program maintains up-to-date information about services in the communities such as: food pantries, domestic violence services, shelters, respite care for children, alcohol and substance abuse services, mental health services, economic supports, and legal assistance.”).

A number of health-related instruments, such as the Medical Home Index, Hospital Self-Assessment Inventory, and Pediatric Patient-Family-Centered Benchmarking Survey, also have items related to resources for families. Among the items in the Medical Home Index, for instance, is one about the availability of “significant office knowledge about family and medical resources and insurance.” Fewer measures from other fields include items related to resources for families. Only one of the nine measures for elementary school or after-school settings—the School Age Care Environmental Rating Scale-Revised—has such items. Similarly, only a small number of the measures for early intervention or special education—the Family Outcomes Survey, the Measure of Process of Care, and the Virginia Family Survey—include items related to resources for families. These items are not specific, asking only about the provision of information about community services in general.

Resources for families: Chances for peer-to-peer networking (formal and informal). The number of instruments with items related to resources for peer-to-peer networking for families (6) was the same as that for materials reflective of families. Of the instruments with items related to this element, early childhood measures are the most common, with four. They include two SAQs (Family-Centered Care Self-Assessment Tool and Strengthening Families Self-Assessment); one QRIS (Qualistar Rating Criteria Chart); and one qualitative instrument (the Strengths-Based Practices Inventory). In addition, items related to this element were also included in school-age, special education, and health instruments (e.g., Hospital Self-Assessment Inventory and the Measure of Process of Care).

Most of the items in these instruments focus on the availability of opportunities for parents to spend some time together. These could take the form of parent meetings, support groups, or family-to-family gatherings. For example, the Strengthening Families Self-Assessment specifies that opportunities both within and outside of the program should be available for families to get to know one another, and

that information should be provided about activities in the community that families might want to attend.

Overview of Psychometric Properties of Existing Measures

We located psychometric information for more than half (40) of the instruments we reviewed. The psychometric information provided ranged in level of detail, from factor analysis and reporting of Cronbach alphas only, to construct, concurrent, predictive, and criterion validity. The majority of reviewed measures report strong psychometric properties (e.g., Assessment Profile of Early Childhood Programs, Business Administration Scale for Family Child Care, Child and Caregiver Interaction Scale, and Family-Centered Behavior Scale), while a number of measures were found to have just moderate reliability (e.g., Assessment of Practices in Early Elementary Classrooms). For many of the observational instruments, the focus of psychometric assessment is inter-rater reliability, a property of a measure that may be of little value in developing survey items.

Many measures do not report the results of psychometric analysis for specific subscales, including those that directly tap into the family-provider relationship. Of the measures we identified, only 11 reported psychometric information for the specific subscale or scales directly measuring family-provider relationships (e.g., Emlen Scales, Early Childhood Environmental Rating Scale-Revised Family Nurse Caring Belief Scale, Family Outcome Survey-Revised, Incredible Years INVOLVE-Parent and Provider Questionnaires, and Measure of Process of Care-Pediatric Patient-Family Centered Care). In addition, few studies reported conducting psychometric testing for various subgroups such as race/ethnicity, age of child, or language spoken at home (for exceptions, see Strength-Based Practice Inventory). However, a number of studies (e.g., Family-Centered Behavior Scale, Family Empowerment Scale, Family Outcome Survey-Revised, Family Provider Interaction Analysis, Measure of Process of Care) were designed for, and tested with, families with special needs children.

Section 2: Methodological, Conceptual, and Logistical Considerations and Future Directions

In this section, we outline a number of key considerations for developing measures of the quality of family-provider relationships. These considerations include applicability across settings, unit of analysis, perspectives incorporated into the measure, type of respondent, reference group and reference period, and data collection points and timing.

Applicability Across Settings

A key goal of this project is to develop a measure that is applicable to a diverse group of settings including center-based early care and education programs (e.g., Head Start, pre-K, community-based child care) and home-based child care. Such a measure and the resulting data have several advantages, including the potential for wide use and the ability to provide comparisons across settings. In addition, a measure designed for diverse settings is likely to capture variation across cultural and language groups because research indicates that families with different ethnic and cultural characteristics tend to use some types of child care arrangements more than others (Capizzano, Adams, & Sonenstein, 2000; Johnson, 2005; Snyder & Adelman, 2004). For example, families of color rely on home-based child care for their infants and toddlers more commonly than other families (Porter, Pausell, DeGrosso, Avellar, Hass, & Vuong, 2010).

Developing a measure that is applicable across multiple settings will be challenging for a number of reasons. While many or most of the constructs that have been identified through the literature and specified in the conceptual model are applicable across settings, how they play out or how they can be operationalized may differ significantly across settings. Similarly challenging is developing measures that highlight the particular strengths of each setting while not “disadvantaging” others. For example, books about parenting, advisory boards, and multiple communication systems are all potential indicators of environmental constructs, but they are also more likely to be present (and are more reasonable to expect) in large center-based settings with sufficient resources and space than in small home-based child care settings. Similarly, holding periodic formal parent-teacher conferences may be less appropriate for home-based child care providers who often serve a small number of children and who may have more informal opportunities to have conversations with parents than teachers in center-based settings (Bromer & Henly, 2009).

One possible solution to address these challenges is to develop items that measure the same construct and are tailored (preferably slightly) to each setting. Such an approach would allow for comparability across constructs and provide measures that are meaningful and appropriate within each setting. It might also be possible to develop a core group of items that could be used across settings with sub-sets of items intended for specific settings.

Unit of Analysis

Identifying the unit of analysis is key in all measure development. For measures of family-provider relationships, the unit of analysis could be the provider, the program, the child, the parent, or the family. Determining the unit of analysis is a decision that is best aligned with the purpose of the measure. For example, if the measure is intended to be a monitoring tool, the unit of analysis could be the provider (e.g., the home-based child care provider or teacher). The provider could also be the unit of analysis if the measure is intended to assess family-provider relationships as an element of early care and education quality. On the other hand, it might also be possible to consider the program as the unit of analysis (e.g., sampling all teachers/providers or a random subset of teachers), especially in the case of center-based settings or large group home-based child care homes, because established policies may have an effect on individual providers' interactions with families, such as their flexibility to communicate with families or their capacity to engage families in program-wide activities.

The child or the parent may be the appropriate unit of analysis if the measures are included in national household surveys where the child or the parent is the reference point for questions. Similarly, some items reviewed here include wording that assesses the relationship between the provider and the family rather than one parent. For such items, the unit of analysis is the family rather than the parent. Additionally, identifying who is the appropriate respondent for family-based items may be challenging since reports will likely vary across family members and will reflect their own individual experiences. Ideally, one should select a respondent who is able to report on or whose experiences are representative (reflective) of the unit of analysis.

Perspective

Related to the unit of analysis are the perspectives incorporated into the measure. For example, should measures of family-provider relationships take into account the quality of the family-provider relationship as experienced by the provider, by the parent, by the family, some combination of two of those, or all three? Take, for example, the issue of respect. Items on respect could measure the perspective of parents—that is, the extent to which they feel respected by providers—or the perspective of providers—that is, the extent to which they feel respected by the parents and families they serve—or both. The items reviewed thus far have largely measured the degree to which respect is shown to parents and families by providers. With the exception of “communication and collaboration” (which has been defined by many researchers, including those writing this review, as bi-directional), it is unclear the extent to which items measuring other constructs and elements in the conceptual model should also include multiple perspectives. It is worth noting that not all constructs may be appropriate to measure from multiple perspectives, such as some environmental features or media for communication, since typically what is measured is the presence or absence of these resources. The issue of which perspective(s) a measure of family-provider relationships should take may depend on the purpose of the measure (e.g., monitoring tool, research), the theoretical model, the intended outcomes (e.g., child and family well-being vs. provider well-being), or the extent to which research suggests that

multiple perspectives provide different information or are related in varying ways to family or provider well-being.

Respondent

Closely related to the decision about perspective is the question of who is the most appropriate respondent. Respondent differs from perspective in that the respondent is the person providing the data. Perspective is the viewpoint or the person about whom we want the data. For example, parents are often the respondent but are providing data from the perspective of their child. Typically, the respondent is the person who has access to or possesses the target information. Items of family-provider relationships could be asked of a teacher/child care provider, an administrator or director, or parent or other family members. In general, measures of family-provider relationships are best asked of parents and providers (e.g., the two parties making up the relationship). It may be useful among providers, however, to sample a variety of individuals who have different roles so that, for example, relationship quality with lead and assistant teachers as well as aides and family service workers (in Head Start) is captured.

For parents/families, one possibility is to use the family member who has the most contact with the provider as a respondent, similar to many national surveys that select the parent who is most knowledgeable about the focal child. The National Survey of Children's Health, for example, asks questions of the parent who is most knowledgeable about the focal child, and approximately 75% of respondents were mothers (Blumberg, Foster, Frasier, et al., 2009). While it may be the case that mothers have the greatest interaction with their child's care providers, it may also be useful to expand our measures to include the experiences of fathers and other family members, such as grandparents, who help care for and raise children.

Reference Group

For the most part the reference groups (the person or group the questions are inquiring about) are obvious when a family has one child and is only using one early care and education provider. For families with multiple children, however, a choice needs to be made about whether to ask the questions about a focal child or each child in the household. The former strategy minimizes respondent burden, but it does not capture the family's full experience. In addition, for families who rely on multiple providers, it is important to consider whether the focus should be solely on the primary provider (e.g., the one with whom the child spends the most out-of-home time) or whether additional providers should be included as well.

Among providers, many of whom serve multiple children/families, the issue of reference group is complicated. Providers could be asked to report about the quality of the relationship they experience with the families of all their children or with a reference child's family. In general, survey research suggests that measures tapping into relationships with one individual may be of higher quality than measures inquiring about relationships with a number of individuals. For example, when asked to

report on the quality of relationships experienced with all the families they serve, a provider may decide to average her experience/perceptions across all families, focus her assessment on one family with whom she enjoys a particularly strong relationship, or focus on a family with whom she has the most challenges. This variability is problematic because it is likely to be non-random. On the other hand, there are some elements (e.g., environmental features) of the family-provider relationship that may be best measured at a global level, or applied to all families, as they are not likely to vary across families. For example, the presence of multiple modes of communication, or an open-door policy, are features of a setting that are most likely not family-specific.

Reference Period

To the extent that the current measure will be developed as a survey instrument, it will be important to consider the most appropriate reference period especially for those items that tap into relational and practice aspects of the family-provider relationship. In general, a shorter reference period improves the accuracy of the respondent's recall. However, attention must be paid to regularity and frequency of occurrences. For example, questions about parent-teacher conferences may be better suited for a longer reference period, such as a year, while items about communication regarding how the child's day went or activities the child engaged in may be asked in reference to the last week or month. The selection of the reference period is not only important for recall but also has implications for the observed variance. For example, including infrequent and frequently occurring events on the same frequency scale may upwardly bias reports of frequently occurring events.

Number of Data Collection Time Points Needed

Because the quality of relationships likely varies over time, and because experiences within relationships are not homogenous, it is important to consider the number of points in time reports of family-provider relationships are needed in order to obtain accurate measures of their quality. These considerations must also take place within cost and time considerations, and the degree to which the reliability and validity of data are improved by collecting data from multiple time points rather than a single point in time. Considerations also need to be made in terms of the mode of data collection. Cross-sectional surveys, for example, collect data from one point in time whereas observational measures are often used to collect data at multiple points in time.

Timing of Data Collection

The timing of data collection is another important consideration for measuring family-provider relationships. For those providers that follow the school year, it may be best to collect data in the late fall or early winter in order to provide sufficient time for relationships to be established. For example, the National Household Education Survey collects data during the first four months of the calendar year. Similarly, the 2012 National Survey of Early Care and Education will be fielded between January and April. For those care settings that do not follow a school-year schedule, it may be useful to collect data from those families and providers who have been in an arrangement for at least three months. For observational measures, it is important to consider which time(s) of the day (i.e., morning, afternoon,

pick-up/drop-off) and which days of the week (some days may have regularly scheduled events for all of the children in the program) would be best to collect data, as well as whether multiple observations throughout the day or week are needed.

Social Desirability

A concern in developing measures that tap into the quality of family-provider relationships is the potential for social desirability bias and, consequently, a lack of variance (Zellman & Perlman, 2006). These issues have been common in many self-report measures of child care quality. Parents may report higher quality than is actually the case because they are reluctant to admit that they have placed their child in a setting that is less than optimal. Similarly, providers may over estimate the quality of their program. Social desirability bias may be particularly difficult to combat in items that focus on perception or attitudes. In contrast, items tapping into actual practices may be less subject to social desirability, resulting in a better distribution of responses. Likewise, caution may be warranted for provider measures that focus on regulations or components of standards as they, too, may be subject to social desirability or a topping out of reports (i.e., where the majority of providers report meeting the minimum standards).

Establishing Thresholds of High Quality Family-Provider Relationships

If the measure of family-provider relationships is intended to be used for monitoring purposes, such as in QRIS systems or the Head Start monitoring system, it may be useful to develop threshold indicators of what constitutes high, moderate, and minimal levels of quality family-provider relationships. These thresholds can be developed a priori based on a theoretical model and prior work, or after pilot testing once the data and the distributions are available. Work done on developing observational measures in similar areas, such as the Early Childhood Environmental Rating Scale-Revised, the Business Administration Scale for Family Child Care, the Child Development Program Evaluation scale, and the Home Visit Rating Scale, may be useful to examine since many establish thresholds for various categories of care. The challenge will be to create thresholds that are reasonable at the middle and upper ends and that are neither too difficult nor too easy for respondents to attain.

Applicability of Measure to Culturally and Economically Diverse Groups

As noted above, a key goal of this project is to develop a measure that is applicable not only to multiple settings but also to culturally and economically diverse groups. Several issues are critical to developing measures that are applicable across culturally and economically diverse groups. First, one should consider the extent to which target constructs and their elements apply to various groups. That is, do the key components of family-provider relationships vary or differ across groups? Second, it is important to explore the value or weight that groups give the various components. For example, while groups may agree about the list of characteristics essential to family-provider relationships, they may value these components differently. Likewise, while the characteristics may be similar, how these characteristics play out and are experienced across groups may differ.

Communication is an example of a characteristic that is likely valued and considered important across most, if not all, groups. Yet what is considered appropriate communication between families and providers may differ tremendously based on the cultural heritages of each person involved. For example, members of some cultural groups may believe that discussions about difficult family issues with individuals outside of the family, especially providers, is not acceptable, and may be reluctant to participate in such conversations. Another example is respect, as the role that respect plays in family-provider relationships is likely a function of cultural values and norms. In addition, power dynamics may be governed by cultural norms and shape both parents' and providers' perceptions of appropriate family-provider relationships. Focus groups with target populations as well as feedback from key experts working with various communities may be particularly helpful in identifying appropriate items for measuring constructs across groups, and for providing insights into how cultural norms shape experiences and perceptions.

Section 3: Existing Gaps, Promising Measures and Next Steps

This section presents some of the gaps that we identified in the measures of family-provider relationships that we reviewed. It also highlights some of the measures that include promising items for the FPRQ instrument. The section concludes with a description of next steps for the FPRQ project.

Existing Gaps

Our review identified several gaps in both structural and content features of existing measures. To some extent, these gaps reflect the considerations we have already discussed in this review. For example, in terms of structural features, there are few measures available in languages other than English, which may represent a challenge for creating a measure with items that are relevant, meaningful, and correctly translated for culturally diverse groups of providers and parents.

We also found some significant gaps in the content of items related to the specific constructs and their individual elements, specifically in the attitudes, knowledge and environmental constructs. For example, we found few items in the attitudes construct related to openness to change from the provider's perspective. The dearth of these items may signal difficulty in wording items that capture a provider's openness to change without resulting in socially desirable responses.

In addition, there was a lack of items related to theoretical/substantive knowledge elements of family functioning, child development, and parenting skills. This lack may be problematic in the context of developing a measure based on the FPRQ conceptual model, which hypothesizes that providers will have such a foundational knowledge to inform their practice. The assumption is that providers will be better able to respond to individual families and their children if they have an understanding of the theoretical underpinnings of how families interact with one another and how children develop. The absence of such knowledge may limit providers' capacity to provide appropriate and relevant support. A dearth of information about family functioning and child development may also have an effect on

providers' efforts to enhance parenting skills because they may not be able to suggest developmentally appropriate parenting strategies to support children's development. As a result, providers may encourage the use of parenting practices that are not grounded in research. The few items that do exist lack specificity. In particular, they do not indicate whether providers have or whether they use theoretical or substantive knowledge about child functioning, child development, and parenting skills in their interactions with families.

Among the items related to knowledge of family-specific information, there is only limited evidence of attention to parents' work lives. This may be related to the lack of consideration of work-family balance issues in previous conceptualizations and measurement of early care and education quality (Bromer et al., 2011). Because the FPRQ conceptual model posits improved parental outcomes in this area, it would seem important to include sensitivity and responsiveness to parent work issues in the measure.

There were also few items found that related to materials reflective of families. It is possible that the notion of materials reflective of families is not being captured in extant instruments because it is difficult to distinguish between materials such as dolls or books for culturally diverse children in the program and items for families that honor their diversity or that are specific to fathers. Alternatively, this construct may not have been considered in the development of the instruments we reviewed. For those instruments that do include this element, there was a lack of specificity in some of the item wording, which may represent challenges for capturing variations in quality in this element. The same issue applies to the environmental element of "chances for peer-to-peer networking," where the wording is often general and not necessarily useful for distinguishing this kind of environmental support.

Another gap is the lack of clear distinctions among items related to elements within and across the constructs. In several cases, items in one construct overlap with another construct. It is difficult to distinguish whether some of elements in the attitudes construct, such as items related to respect, represent beliefs or practices. Similarly, items related to relational skills, an element in the practice construct blurs into attitudes. In addition, there is some overlapping between elements and items in the environmental construct and the practices construct. For example, it is often unclear whether items related to systems or media for communication, an element of the environmental features construct, reflect families' preferences for mode of communication or whether communication styles are bi-directional, two indicators that would capture the relational aspects of the practice construct. Similar questions can be raised about resources for families (providing information offered about services offered by the program and the community), which falls within the environmental features construct, and goal-oriented skills of engaging in joint goal setting, which is part of the practice construct. It is often unclear whether these items reflect families' interests and circumstances, whether they are simply present in the setting, or if providers use them to respond to specific family needs.

Promising Measures That Can Help Develop Measures of Family-Provider Relationship Quality

Of the 62 measures we reviewed, a number include promising items for assessing the constructs and elements of high quality family-provider relationships, which are summarized in the FPRQ conceptual model. Several instruments include a wide range of items that could be used in an interviewer-administered instrument, which could be used as a tool to monitor the quality of family-provider relationships. The Strengthening Families Self-Assessment, the Hospital Self-Assessment Inventory, the Medical Index Home, and the Measure of Process of Care all have a large number of items that could be used or adapted to assess the four constructs. In addition, several other instruments (e.g., the National Survey of Early Care and Education, the Work-Child Care Fit interview protocol) have promising items for assessing specific constructs such as provider attitudes, knowledge, and practices related to work-family balance issues. In short, our review of extant instruments found many items that can be used as is or adapted slightly to capture the FPRQ conceptual model's constructs and elements.

Concerning the environmental construct, the FPRQ project is considering developing a checklist to measure elements related to family-provider relationships in the early care and education environment. Several instruments, including the Environmental Rating Scales, the Child Development Program Evaluation Scale, and the Teaching Pyramid Observation Tool, have items that could easily be used in a checklist format. One consideration is whether or not a checklist could include interview questions to collect information about things that are not easily observable, such as a program's policy or resources. Another issue to consider in developing a checklist measure is the extent to which the checklist will rely on a document review, which may be a more intensive activity than a simple observation of environmental features.

Next Steps

The new FPRQ measure(s) will be developed through multiple steps, each of which is intended to build on and inform the other. These steps include an extensive item review, focus groups, cognitive interviews, pilot testing and a field test. The extensive item review will examine items collected during this review of existing measures, in order to identify potential candidates for inclusion in the FPRQ measure(s). Focus groups will be used to assess the extent to which the key constructs and elements of family-provider relationships have been identified by the literature and measures review as well as to obtain "native language" (terms and words that target populations use to talk and think about the target concepts). An initial set of items will be developed by adapting existing items or creating new items to fill gaps that have been uncovered by the findings from the measure reviews, expert consultations, and the focus groups. Cognitive interviews with parent and providers will be used to test these items. The cognitive testing will focus on the extent to which items are understood as intended and measure the target construct as well as whether respondents have the needed information to answer the questions. During the item review, focus groups, and cognitive interviews, definitions of key constructs and elements will be refined or expanded as needed. Using the results of the cognitive interviews, the items

will be refined and pilot tested with small convenience samples of providers and parents, followed by a field test with a larger, nationally representative sample. The resulting data will undergo psychometric analysis in order to identify a core set of items for use in a measure or measures of family-provider relationships. The resulting measure(s) will be accompanied by a manual that will document this process, summarize the findings, and provide guidelines about how the measure(s) should be used. Any revisions to the conceptual model or measures reviewed later in the project will be summarized and discussed in the manual.

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Appendix A:
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Table 2 – Working Definitions of Key Elements of High Quality Family-Provider Relationships

A. Attitudes:

1. Respect
 - Valuing the child; being non-judgmental; courteous; non-discriminatory; respect for families' cultural and linguistic preferences, divergent opinions of parents (e.g., on managing children's behavior/how to socialize children), parents' pace with regard to making changes
2. Commitment and Caring
 - Willingness to be flexible to needs of families, work as "more than a job", encouraging, accessible, consistent, sensitive to children/families
3. Empowerment
 - Equity and perception of competence: having expectations for child's progress, meeting individual's special needs; identification of families' strengths, competencies, and resources; including family members as equal partners
4. Openness to Change
 - Willingness to alter one's normal practices and flexibility to make these changes
5. Contextual
 - Appreciation for the broader context in which children's development and family's situations are situated; viewing the family as a unit, rather than focusing on an individual child

B. Knowledge:

1. Theoretical/Substantive Knowledge
 - a) Family functioning
 - Understanding the dynamics of the family
 - Understanding the factors that affect how a family interacts
 - b) Child development
 - Provider understands the different domains of child development
 - Understanding what can be done to facilitate development across various child development domains
 - c) Effective parenting skills
 - Understand what are effective parenting skills, such as anger management, engaging children in play, and setting boundaries
2. Family/Child-Specific Knowledge
 - Whether information about the child is on file
 - Whether the provider understands, knows, and/or is aware of the specific needs of the child
 - Whether the provider knows community resources that are available to the parents that meet the needs of the child
 - Ongoing reciprocal information gathering among providers, programs, and families
 - Families' culture/context/situations influencing the family; children's specific abilities and needs; family members' specific abilities, needs, and goals

C. Practices:

1. Relational Skills
 - Positive, two-way communication that is responsive to families' preferences and provider's personal boundaries
 - Opportunities for communication with parents about children, family, and self
 - Sensitivity, flexibility, and responsiveness to support families' identified needs and goals
 - Equitable, culturally-responsive relationship between provider/program and family
 - Inclusion of diverse languages
2. Goal-Oriented Skills
 - a) Advocate for and connect families

- Advocate for and connect families to peer and community supports/resources
 - b) Engage in joint goal setting
 - Collaborate with and engage families in the program through joint goal setting and decision-making
 - c) Empower families to advocate for themselves
 - Particularly in the transition to other ECE arrangements, school, or when trying to obtain social services
 - d) Provide child-specific information
 - Sharing information related to the individual child related to the child's development or family supports
- D. Environmental features:
 1. Invitational and welcoming environment
 - Open door policy, inviting parents to participate, encouraging parent input into educational programming, including parents on advisory boards
 2. Systems or media for communication with families
 - Bulletin boards/newsletters, texting, Facebook
 3. Materials reflective of families
 - Culturally and linguistically reflective, inclusive of fathers, children with disabilities)
 4. Resources for families: Providing information
 - Resources offered by the ECE setting and the community
 5. Resources for families: Chances for peer-to-peer networking (formal or informal)

**Family-Provider Relationship Quality (FPRQ)
Attitudes: Respect**

Definition: Respect is defined by:

o Valuing the child; being non-judgmental; courteous; non-discriminatory; respect for families' cultural and linguistic preferences, divergent opinions of parents (e.g., on managing children's behavior/how to socialize children), parents' pace with regard to making changes

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	Would you say that you and XX value the same or different things, when it comes to caring for your child?	Parent provides an example	Work-Child Care Fit	Contacted developer to see if psychometric information is available.	Care Setting: Center (not-specified); Family Child Care; Family, Friend or Neighbor Care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey; Qualitative
Parent	My child is treated with respect. The caregiver accepts my child for who she (he) is. My caregiver accepts the way I raise my child.	Never, Sometimes, Rarely, Often, Always, Don't know, Does not apply to me	Emlien Scales	1st item-"my child is treated with respect" is within the <i>Warmth and interest in my child</i> subscale. Alpha=.93 2nd item-"the caregiver accepts my child for who she (he) is" is within the <i>Warmth and interest in my child</i> subscale. Alpha=.93 3rd item-"my caregiver accepts the way I raise my child" is within the <i>Caregiver accepting and supportive</i> subscale. Alpha=.70	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire
Parent	Listened and respected your choices.	Not at all, A little, Somewhat, Almost, Completely	Family Outcomes Survey-Revised	Cronbach's alpha for full family outcomes scale: .90, but had poor psychometric properties (X ² =1,487) Second-order factor showed that five subscale model fit better (X ² =752.51) Alphas for the five outcomes subscales (all of which dealt with parent-staff relationships) were .73, .78, .87, .78, .91	Care Setting: Early intervention program. Age Range: Unspecified (mean age: 25.3 months) Type of Instrument: Self-Administered Questionnaire Special Population: Parents of children with disabilities We do not have full item wording for this measure, the abbreviated item is in items column.
Parent	[The staff member] respects our family's beliefs, customs, and ways that we do things in our family. [The staff member] treats us with respect. [The staff member] makes negative judgments about us because of ways that we are different from the staff member (such as race, income level, job, or religion). [The staff member] accepts our feelings and reactions as normal.	5 point scale: 1=Never, 5=Always	Family-Centered Behavior Scale	Psychometrics for overall measure: Cronbach's alpha coefficient: .97 (N=133), test-retest correlation was .96, and after items removed, 26-item scale had a .98 alpha	Care Setting: Unspecified Age Range: Unspecified (mean age: 10.7) Type of Instrument: Self-Administered Questionnaire Special Population: Special needs children
Parent	To what extent: -Were your family's values and culture taken into account when planning for your child's education?	A lot, Some, A little, Not at all	Family Participation Measure	Child Trends is contacting author for psychometrics and other missing information.	Care Setting: Center (not-specified) Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Parent	Full item wording is not available.		Family Professional Partnership Tool	Piloted 60 items, 5-pt Likert scale; two factors: child-focused relationships, family-focused relationships; revised scale: 18 items; rated on importance and satisfaction; Cronbach's alpha (.93; .96)	Care Setting: Other Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>Professional helpers sometimes differ in whether they support decisions that people make about what should be done to solve their problems or achieve desired goals. Which rating best describes how [helper] supports you when you make a decision?</p> <p>Professional helpers sometimes differ in whether they convey a sense that people can trust a helper not to share confidential information with others. Which rating best describes how much you trust [helper] not to share confidential information about you?</p> <p>Professional helpers sometimes differ in how well they listen to what people have to say about their situation or desires. Which rating best describes how well [helper] listens to you?</p> <p>Professional helpers sometimes differ in whether they communicate that people are deserving of the help they receive. Which rating best describes how [helper] communicates that you deserve the help you want or need?</p>	<p>1-Rarely supports my decisions 2-Seldom supports my decisions 3-Sometimes supports my decision 4-Generally supports my decision 5-Almost always supports my decisions</p> <p>1-Rarely conveys a sense of trust concerning confidential information 2-Seldom conveys a sense of trust concerning confidential information 3-Sometimes conveys a sense of trust concerning confidential information 4-Generally conveys a sense of trust concerning confidential information 5-Almost always conveys a sense of trust concerning confidential information</p> <p>1-Rarely listens to what I have to say 2-Seldom listens to what I have to say 3-Sometimes listens to what I have to say 4-Generally listens to what I have to say 5-Almost always listens to what I have to say</p> <p>1-Rarely communicates that I am deserving of help 2-Seldom communicates that I am deserving of help 3-Sometimes communicates that I am deserving of help 4-Generally communicates that I am deserving of help 5-Almost always communicates that I am deserving of help</p>	Helpgiving Practices Scale	Psychometric information included in first two pages of the Scale. The tool must be purchased to access this information. Available at Winterberry Press at http://www.wbpress.com/index.php?main_page=product_book_info&products_id=244	Care Setting: Center (not-specified) Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>School personnel make me feel inadequate or unwelcome as a parent.</p> <p>You feel your child's teacher pays attention to your suggestions.</p> <p>You feel the school counselor/family service worker pays attention to your suggestions.</p>	<p>5 point scale: 1=Strongly agree, 3=Neither agree nor disagree, 5=Strongly disagree</p> <p>5 point scale: 1=Not at all, 3=Some, 5=A great deal</p> <p>5 point scale: 1=Not at all, 3=Some, 5=A great deal</p>	Incredible Years Evaluation: INVOLVE - Parent Questionnaire	<p>Alpha coefficients for INVOLVE-P Parent Questionnaire Summary Scales:</p> <p>Parent bonding with school teacher .90 (pre); .90 (post)</p> <p>Satisfaction with Family Service Worker .87 (pre); .90 (post)</p>	<p>Care Setting: K-12</p> <p>Age Range: 6-12</p> <p>Type of Instrument: Self-Administered Questionnaire</p>
Parent	<p>To what extent do the people who work with your child</p> <ul style="list-style-type: none"> -Suggest therapy plans that fit with your family's needs and lifestyle? -Accept you and your family in a nonjudgemental way? -Make sure you have a chance during visits to the center to say what is important to you? -Tell you about the reasons for treatment or equipment? -Explain what they were doing when you are watching your child in therapy? -Recognize that your family has the final say when making decisions about your child's treatment? -Treat you as an individual rather than as a "typical" parent of a child with a disability? -Make sure you have opportunities to explain what you think are important treatment goals? -Treat you and your family as people rather than as a "case" (e.g. by not referring to you by diagnosis)? -Listen to what you have to say about your child's need for equipment, services, etc.? 	7 point scale: 1=Never, 4=Sometimes, 7=To a great extent	Measure of Process of Care	<p>Psychometrics for overall measure:</p> <p>Internal Consistency as assessed by Cronbach's coefficient alpha: Respectful and Supportive Care (9 items) - Pilot Study = .91, Field testing = .92, Reliability re-test = .86.</p> <p>Providing Specific Info about the Child (5 items) - Pilot Study = .81, Field Testing = .82, Reliability re-test = .63.</p> <p>Providing general info (9 items) - Pilot Study = .91, Field Testing = .93, Reliability re-test = .94.</p> <p>Enabling & Partnership (16 items) - Pilot Study = .95, Field Study = .96 Reliability re-test = .86.</p>	<p>Care Setting: Unspecified</p> <p>Age Range: Unspecified</p> <p>Type of Instrument: Self-Administered Questionnaire</p> <p>Special Population: Children with a disability (developmental or physical)</p> <p>Items may also belong under practices.</p>

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	Have a great respect for child care provider Don't always respect child care provider's opinions		Parent Caregiver Relationship Scale	Reliability - "Total scales showed high levels of internal consistency", with alpha = .93 for parent scale and .94 for caregiver scale. Test-retest reliability - Family Child Care: r = .80; Center Care: r = .84. Validity - "caregiver PCRA total scores exhibited predicted patterns" in center subsample. In family child care subsample, no sig. correlation.	Care Setting: Center (not-specified); Family Child Care Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire We do not have full item wording or response scales for this measure. The abbreviated items are in items column.
Parent	Full item wording is not available.		Parent Satisfaction with Educational Experiences Scale	Factor one: teacher contact experiences (alpha=.82) Structure loadings: Telephone conversations with teachers=.79 Notes sent home=.82 Conferences with teacher=.82 School work sent home to work on with child=.76 Factor two: classroom contact experiences (alpha=.82) Structure loadings: Parent involvement in planning activities=.85 Volunteering in classroom=.82 Support given for parent involvement in school=.76 Parent participation in decision-making=.79 Factor three: school contact experiences Structure loadings: Contact I have had with other parents=.74 Workshops or training opportunities offered=.74 Contact I have had with principal/administrator=.74 Support for our family's home language and culture=.79	Care Setting: Head Start; Community-based center; School-based Age Range: Ages 3-6. Type of Instrument: Self-Administered Questionnaire
Parent	Are the following statements true at this center? -My child is treated with respect.	Always, Often, Rarely, Never	Partnership Impact Research Study Parent Questionnaires	None available online or internally. Child Trends staff have contacted the author.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: Preschool aged children Type of Instrument: Self-Administered Questionnaire
Parent	Thinking about your youngest child in his/her regular child care, the one he/she is in most often, how would you rate the following statements: -My child is treat with respect. Please tell us if the following is available to you from this provider: -I am told about my child's progress in a language that I understand and in ways that are respectful to my family and me.	Yes, No, Not Sure Never, Sometimes, Rarely, Often, Always, Don't know	Quality for ME: Quality of Child Care Services	Items were adapted from Ellen scales, The first item-"my child is treated with respect" is within the Warmth and interest in my child subscale. Alpha=.93. No psychometric information was found for the second item.	Care Setting: Head Start; Community-based Center; Family Child Care; K-12 Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire; QRIS Special Population: Parent feedback survey for families with children in ECE programs participating in Maine's Quality Rating System Items may also belong under practices.
Parent	The program staff respect my family's cultural and/or religious beliefs. The program staff have materials for my child that positively reflect our cultural background.	7-point scale: 1=Strongly disagree, 7=Strongly agree	Strength-Based Practices Inventory	Psychometrics for overall measure: Internal consistency: alphas for subscales ranged from .81 to .92, measure was positively correlated with Parent Empowerment Scale Predictive validity: strength-based practices at 14-months were not found to be predictive of parent empowerment, social support, and other parent outcomes measured at 24 months	Care Setting: Head Start Age Range: 0-2 Type of Instrument: Qualitative Special Population: Parents at or below Federal Poverty guidelines

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	I am confident that teachers: -Respect me as a competent parent -Are worthy of my respect -Are sensitive to cultural differences	3 point scale: 1=Disagree, 2=Agree, 3=Strongly Agree	Trust Scale	Reliability for the Trust Scale, as measured by alpha coefficients, was .90 for teachers and .96 for parents. No additional psychometric information is available from this source.	Care Setting: School-based Age Range: Parents of students enrolled in kindergarten through 12th grade Type of Instrument: Self-Administered Questionnaire
Parent	Would you say that you and XX value the same or different things, when it comes to caring for your child? (give and example) (open-ended)	See item	Work-Child Care Fit	Contacted developer to see if psychometric information is available.	Care Setting: Center (not-specified); Family Child Care; Family, Friend or Neighbor Care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey; Qualitative
Parent	Do people providing professional services understand and respect your family's culture, traditions, lifestyles, and spiritual beliefs?	Yes, Sometimes or Somewhat, No	Wraparound Fidelity Index (WFI-4)	Reliability: Overall alpha ranged from .83 to .92. Alphas for 10 subscales ranged from .3 to .6, but individual subscale alphas were not provided for the WFI-4. Criterion validity: Pearson correlation between measure and Team Observation Measure = .857. Discriminant validity: found that WFI-4 scores were significantly higher for teams with better developed systems of care.	Care Setting: care services for children with emotional and behavioral disorders Age Range: 4-19 Type of Instrument: Interviewer-Administered Survey
Provider	Thinking about [FOCUS PARENT], please tell me whether you agree or disagree with each statement. I get upset because [FOCUS PARENT] doesn't discipline [FOCUS CHILD] the same way that I do	3 point scale: 1=Disagree, 2=Neither disagree nor agree, 3=Agree	Child Care Assessment Tool for Relatives (CCAT-R) Interview	Psychometrics for overall measure: Criterion validity; construct validity through factor analysis (4 factors: nurturing, bi-directional communication, uni-directional communication, engagement); content validity; informal test of concurrent validity w/ FDCRS 4 items	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Observational Special Population: Includes items for special needs children
Provider	Have great respect for parent Don't always respect parent's opinions Usually agree with parent discipline (We do not have full item wording or response scales for this measure. The abbreviated item is in items column.)		Parent Caregiver Relationship Scale	Reliability - "Total scales showed high levels of internal consistency", with alpha = .93 for parent scale and .94 for caregiver scale. Test-retest reliability - Family Child Care: r = .80; Center Care: r = .84. Validity - "caregiver PCRA total scores exhibited predicted patterns" in center subsample. In family child care subsample, no sig. correlation.	Care Setting: Center (not-specified); Family Child Care Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire
Provider	How important is it you that your lead teachers: - value their relationship with parents? - understand what parent's schedules are like? - Are flexible in working with parents' schedules? - Pay attention to suggestions parents make about caring for their child?	4-point scale: 1=Never, 2=Monthly, 3=Weekly, 4=Daily	National Study of Early Care and Education Design Questionnaire for Center-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Provider	How much do you agree or disagree with the following statements? - I really value my relationship with the parents of the children I care for. - I understand what parent's schedules are like. - I'm willing to be flexible in working with parents' schedules. - Parents make valuable suggestions about caring for their child.	3-point scale: 1=Agree, 2=Neither agree nor disagree, 3=Disagree	National Study of Early Care and Education Design Questionnaire for Home-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Family Child Care Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Provider	Full item wording is not available.		Teacher-Parent Involvement Questionnaire	Parent-Teacher Contact ($\alpha=.71$) Parent Involvement at School ($\alpha=.81$) Quality of Parent-Teacher Relationship ($\alpha=.89$) Teacher's Perception of Parent ($\alpha=.93$) Parent Involvement at Home ($\alpha=.67$) Parent Endorsement of School ($\alpha=.92$)	Care Setting: School-based Age Range: Kindergartners with m age of 6.36 years Type of Instrument: Interviewer-Administered Survey
Provider	I am confident that parents/guardians: -Respect me as a competent teacher -Are worthy of my respect -Are sensitive to cultural differences	3 point scale: 1=Disagree, 2=Agree, 3=Strongly Agree	Trust Scale	Reliability for the Trust Scale, as measured by alpha coefficients, was .90 for teachers and .96 for parents. No additional psychometric information is available from this source.	Care Setting: School-based Age Range: Parents of students enrolled in kindergarten through 12th grade Type of Instrument: Self-Administered Questionnaire
Observer	Parent's preferences are treated with respect.	Not applicable-observational scale	Child and Caregiver Interaction Scale (CCIS)	Psychometrics for overall measure: Reliability: Cronbach's alpha = .938, Corrected Item-Total Correlation > .50 for all but one item Concurrent validity correlation between CCIS and Environmental Rating Scale (ERS) = .740 Corrected Item-Total Correlation for parent and staff subscale: .643	Care Setting: Center (not-specified); Family, Friend or Neighbor care Age Range: 0-12 Type of Instrument: Observational
Observer	Home visitor: -Is warm and respectful of the parent -Is accepting of the family system	Not applicable-observational scale	Home Visit Rating Scale (HOVRS)	Psychometrics for overall measure: 7 scales w/ 7 ratings (HV Responsiveness to Family, Relationship/ Family, Non-Intrusiveness); interrater reliability: greater than .85; predictive validity with the HOME and the PPVT-III	Care Setting: Other Age Range: Unspecified Type of Instrument: Observational
Observer	The program asks families about their child's activities, interests, and behavior at home. The program takes time to get to know what the family's goals are for their children. Families feel that their concerns are taken seriously and that their questions are answered.	Not applicable-observational scale	Qualistar Rating Criteria Chart	None available. This tool is used in Colorado to evaluate programs participating in the Colorado quality rating and improvement system.	Care Setting: Head Start; Pre-K; Community-based Center; Center (not-specified); Family Child Care Age Range: 0-5 Type of Instrument: QRIS Special Population: Quality Rating and Improvement System for Colorado's child care centers/FCC homes Some of these items may also tap into practices.

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (nurse)	<p>My attitude towards the family influences my understanding of the family situation in PICU/NICU.</p> <p>No matter how sick the child is, he or she needs to be treated as unique and individual.</p>	5 point Likert scale: 1= Strongly disagree, 5= Strongly agree	Family Nurse Caring Belief Scale (FNCBS)	<p>Psychometrics for overall measure: 27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale); criterion validity</p> <p>Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors</p>	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire
Other (Senior leaders, such as the Chief Operating Officer)	<p>The definition for how care will be delivered reflects the principles of patient and family-centered care and articulates:</p> <ul style="list-style-type: none"> -The importance of conveying respect and preserving the dignity of each patient and family -Acknowledgement of the individuality, culture, capacity, and abilities of each patient and family <p>Staff acknowledge the individuality, culture, capacity, and abilities of each patient and family</p> <p>Employee/medical staff practices and hospital/clinic policies reflect a broad definition of family</p>	Items are rated on scale of 1 to 5: 1=Not at all, 3=OK, 5=Very Well	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Not available online or internally. Have contacted author.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

**Family-Provider Relationship Quality (FPRQ)
Attitudes: Commitment and Caring**

Definition: Commitment and Caring is defined by:

o Willingness to be flexible to needs of families, work as "more than a job", encouraging, accessible, consistent, sensitive to children/families

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>My caregiver is willing to work with me about my work schedule.</p> <p>My caregiver is supportive of me as a parent.</p> <p>The caregiver is warm and affectionate toward my child.</p>	4 point scale: 1=Never, 2=Sometimes, 3=Often, 4=Always	Emlen Scales	<p>1st item from the Caregiver Flexibility Scale- alpha=.61</p> <p>Next two items are from Quality-of-Care Scale, Supportive Caregiver subscale- alpha=.75</p> <p>Last item is from Quality-of-Care Scale, Warmth of the Caregiver Toward my Child subscale-alpha=.88</p>	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire
Parent	Full item wording is not available.		Family Professional Partnership Tool	Piloted 60 items, 5-pt Likert scale; two factors: child-focused relationships, family-focused relationships; revised scale: 18 items; rated on importance and satisfaction; Cronbach's alpha (.93; .96)	Care Setting: Other Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Parent	<p>Professional helpers sometimes offer advice and assistance to people that is more trouble than it is worth. Which rating best describes whether or not the help offered by [helper] is worth your effort or trouble?</p> <p>Professional helpers sometimes differ in whether they are warm and caring toward people they try to help. Which rating best describes how warm and caring [helper] is to you?</p>	<p>1-Advice and assistance is rarely worth my trouble</p> <p>2-Advice and assistance is seldom worth my trouble</p> <p>3-Advice and assistance is sometimes worth my trouble</p> <p>4-Advice and assistance is generally worth my trouble</p> <p>5-Advice and assistance is almost always worth my trouble</p> <p>1-Rarely seems warm and caring</p> <p>2-Seldom seems warm and caring</p> <p>3-Sometimes seems warm and caring</p> <p>4-Generally seems warm and caring</p> <p>5-Almost always seems warm and caring</p>	Helpgiving Practices Scale	Psychometric information included in first two pages of the Scale. The tool must be purchased to access this information. Available at Winterberry Press at http://www.wbpress.com/index.php?main_page=product_book_info&products_id=244	Care Setting: Center (not-specified) Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Parent	<p>You feel your child's teacher cares about your child</p> <p>You think your child's teacher is interested in getting to know you</p> <p>Your child's teacher encourages you to send story books or other things to class</p> <p>You feel your school counselor/family service worker cares about your child</p> <p>You think your school counselor/family service worker is interested in getting to know you</p>	5 point scale: 1=Not at all, 3=Some, 5=A great deal	Incredible Years Evaluation: INVOLVE - Parent Questionnaire	Alpha coefficients for INVOLVE-P Parent Questionnaire Summary Scales: Parent bonding with school teacher .90 (pre); .90 (post) Satisfaction with Family Service Worker .87 (pre); .90 (post)	Care Setting: School-based Age Range: 6-12 Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>In the past year, to what extent do the people who work with your child:</p> <ul style="list-style-type: none"> -Suggest therapy plans that fit with your family's needs and lifestyle? -Offer you positive feedback or encouragement (e.g., in carrying out a home program)? -Take the time to establish rapport with you or your child when changes occur in your services? -Follow up at the next appointment on any concerns you discussed at the previous one? -Make sure that at least one team member is someone who works with you and your family over a long period of time? -Answer your questions completely? -Provide a caring atmosphere rather than just give you information? -Make sure you are informed ahead of time about any changes in your child's care? -Seem aware of your child's changing needs as he/she grows? -Make themselves available to you as a resource (e.g., emotional support, advocacy, services, etc.)? -Give you information about your child that is consistent from person to person? 	7 point scale: 1=Never, 4=Sometimes, 7=To a great extent	Measure of Process of Care	Psychometrics for overall measure: Internal Consistency as assessed by Cronbach's coefficient alpha: Respectful and Supportive Care (9 items) - Pilot Study = .91, Field testing = .92, Reliability re-text = .86. Providing Specific Info about the Child (5 items) - Pilot Study = .81, Field Testing = .82, Reliability re-test = .63. Providing general info (9 items) - Pilot Study = .91, Field Testing = .93, Reliability re-test = .94. Enabling & Partnership (16 items) - Pilot Study = .95, Field Study = .96 Reliability re-test = .86.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with a disability (developmental or physical)

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	You feel your child's teacher cares about your child. You think your child's teacher is interested in getting to know you. Your child's teacher encourages you to send story books or other things to class.	4 point scale: 0=Not at all, 2=Some, 4=A great deal	NICHD Study of Early Child Care (SECC) - Parent and Teacher Involvement (Parent Report)	Psychometrics available for purchase.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Parent	Child care provider is a caring person Child care provider doesn't seem interested in me View child care provider as employee, not partner Child care provider is someone I can rely on Child care provider genuinely cares for child		Parent Caregiver Relationship Scale (PCRS)	Reliability - "Total scales showed high levels of internal consistency", with alpha = .93 for parent scale and .94 for caregiver scale. Test-retest reliability - Family Child Care: r = .80; Center Care: r = .84. Validity - "caregiver PCRA total scores exhibited predicted patterns" in center subsample. In family child care subsample, no sig. correlation.	Care Setting: Center (not-specified); Family Child Care Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire We do not have full item wording or response scales for this measure. The abbreviated items are in items column.
Parent	The teachers are warm and affectionate towards my child. My child's teachers are supportive of me as a parent.	Always, Often, Rarely, Never Always, Often, Sometimes, Never	Partnership Impact Research Study Parent Questionnaires	Psychometrics available for purchase.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: Preschool aged children Type of Instrument: Self-Administered Questionnaire
Parent	My caregivers are willing to work with me around my work schedule	4 point scale: 1=Strongly agree, 2=Agree, 3=Disagree, 4=Strongly disagree, Don't know, Refused	Scheduling Intervention Study: Continuity of Care and Provider Flexibility Scale	Contacted Julia Henly for psychometric information. She is checking on the relevant items within the Continuity of Care Provider Flexibility section of the survey.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Interviewer-Administered Survey
Parent	The teachers are warm and affectionate towards my child My child's teachers are supportive of me as a parent My caregiver is happy to see my child.	Never, Rarely, Sometimes, Often, Always, Don't Know	Quality for ME: Quality of Child Care Services	Items were adapted from Emlen scales 1st item is from Quality-of-Care Scale, Warmth of the Caregiver Toward my Child subscale-alpha=.88 2nd item is from Quality-of-Care Scale, Supportive Caregiver subscale-alpha=.75 3rd item from Quality-of-Care Scale, Warmth of the Caregiver Toward my Child subscale-alpha=.88	Care Setting: Head Start; Community-based Center; Family Child Care; School-based Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire; QRIS Special Population: Parent feedback survey for families with children in ECE programs participating in Maine's Quality Rating System
Parent	The childcare provider is supportive of me as a parent The childcare provider is happy to see [CHILD]	5 point scale: 1=Never, 2=Rarely,3=Sometimes, 4=Often, 5=Always, -1=Don't know, -2=Refused	Three-City Study Child Care Interview Protocol	Items on the maternal ratings of child care survey were adapted from Emlen scales. 1st item is from Quality-of-Care Scale, Supportive Caregiver subscale-alpha=.75 2nd item from Quality-of-Care Scale, Warmth of the Caregiver Toward my Child subscale-alpha=.88	Care Setting: Community-based Care; Family Child Care; Family, Friend, or Neighbor care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey
Parent	I am confident that teachers: -Are easy to reach when I have a question or problem -Are friendly and approachable -Care about my child -Have my child's best interests at heart -Will do what is best for my child in the classroom	3 point scale: 1=Disagree, 2=Agree, 3=Strongly Agree	Trust Scale	Reliability for the Trust Scale, as measured by alpha coefficients, was .90 for teachers and .96 for parents. No additional psychometric information is available from this source.	Care Setting: School-based Age Range: Parents of students enrolled in kindergarten through 12th grade Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Provider	<p>Here are some statements people make about why they care for other people's children. Please tell me whether these are also your reasons.</p> <p>-I'm caring for [FOCUS CHILD] because I want to be part of his/her life as he/she grows up</p> <p>-I'm caring for [FOCUS CHILD] because my family asked me to do it</p> <p>-I'm caring for [FOCUS CHILD] because I want to help out my family</p> <p>-I'm caring for [FOCUS CHILD] because I don't have anything else to do</p>	<p>If two or more reasons are coded YES, ask "Which of these is your main reason?" and circle 2 for the answer.</p>	Child Care Assessment Tool for Relatives (CCAT-R) Interview	<p>Criterion validity; construct validity through factor analysis (4 factors: nurturing, bi-directional communication, uni-directional communication, engagement); content validity; informal test of concurrent validity w/ FDCRS 4 items</p>	<p>Care Setting: Family Child Care; Family, Friend or Neighbor care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey</p>
Provider	Full item wording is not available.		Family Professional Partnership Tool	<p>Piloted 60 items, 5-pt Likert scale; two factors: child-focused relationships, family-focused relationships; revised scale: 18 items; rated on importance and satisfaction; Cronbach's alpha (.93; .96)</p>	<p>Care Setting: Other Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire</p>
Provider	<p>How much is this parent interested in getting to know you?</p> <p>How important is education in this family?</p> <p>If you had a problem with this child how comfortable would you feel talking to his/her parent?</p>	<p>5 point scale: 1=Not at all, 3=Somewhat, 5=Very interested</p> <p>5 point scale: 1=Don't know or Not at all, 3=Somewhat, 5=A whole lot</p> <p>5 point scale: 1= Not at all, 3=Somewhat, 5=Very comfortable</p>	Incredible Years Evaluation: INVOLVE - Teacher Questionnaire	<p>Alpha coefficients for INVOLVE-T Teacher Questionnaire Summary Scales Parent involvement in education .91 Parent involvement with school/teacher .84 Parent involvement total .90 Teacher bonding with parent .76</p>	<p>Care Setting: School-based Age Range: 6-12 Type of Instrument: Self-Administered Questionnaire</p>
Provider	<p>How important is it to you that your lead teachers:</p> <p>-Understand what parents' schedules are like?</p> <p>-Are flexible in working with parents' schedules?</p>	<p>1=Very important, 2=Somewhat important, 3=Not very important, 4=Not at all important</p>	National Study of Early Care and Education Design Questionnaire for Center-Based Care Settings (NSECE)	<p>None available. Survey will not be fielded until 2012.</p>	<p>Care Setting: Head Start; Pre-K; Community-based Center Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey</p>

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Provider	Does you permit parents to pay for and use varying numbers of hours of care each week?	Yes, at their convenience, Yes, from a set of schedule options, Yes, beyond a minimum number of hours, No, Don't know/refused	National Study of Early Care and Education Design Questionnaire for Home-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Family Child Care Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Provider	Parent doesn't seem interested in me Parent is someone I can rely on View parent as an employer, not a partner Parent is a caring person Parent genuinely cares for child		Parent Caregiver Relationship Scale (PCRS)	Reliability - "Total scales showed high levels of internal consistency", with alpha = .93 for parent scale and .94 for caregiver scale. Test-retest reliability - Family Child Care: r = .80; Center Care: r = .84. Validity - "caregiver PCRA total scores exhibited predicted patterns" in center subsample. In family child care subsample, no sig. correlation.	Care Setting: Center (not-specified); Family Child Care Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire We do not have full item wording or response scales for this measure. The abbreviated item is in items column.
Provider	Full item wording is not available.		Teacher-Parent Involvement Questionnaire	Parent-Teacher Contact ($\alpha=.71$) Parent Involvement at School ($\alpha=.81$) Quality of Parent-Teacher Relationship ($\alpha=.89$) Teacher's Perception of Parent ($\alpha=.93$) Parent Involvement at Home ($\alpha=.67$) Parent Endorsement of School ($\alpha=.92$)	Care Setting: School-based Age Range: Kindergartners with m age of 6.36 years Type of Instrument: Interviewer-Administered Survey
Provider	I am confident that parents/guardians: -Are easy to reach when I have a question or problem -Are friendly and approachable -Are clearly committed to their child's education	3 point scale: 1=Disagree, 2=Agree, 3=Strongly Agree	Trust Scale	Reliability for the Trust Scale, as measured by alpha coefficients, was .90 for teachers and .96 for parents. No additional psychometric information is available from this source.	Care Setting: School-based Age Range: Parents of students enrolled in kindergarten through 12th grade Type of Instrument: Self-Administered Questionnaire
Observer	Full item wording is not available.		Family Provider Interaction Analysis (FPIA)	4 trained subjects rated 3 10-minute videotaped family/provider sessions; face validity (chi-square analysis: significant differences in categories); reliability: rho's (.17-1.0) for intrarater;.01-.77 for interrater	Care Setting: Family-provider session through Let's Play! Project, a federally funded model demonstration project Age Range: 0-2 Type of Instrument: Observational Special Population: Infants and toddlers with special needs
Observer	Home visitor: -obviously enjoys being in the home -is sensitive to various situations that arise -shows interest in what is happening with the family	Not applicable-observational scale.	Home Visit Rating Scale (HOVRS)	7 scales w/ 7 ratings (HV Responsiveness to Family, Relationship/ Family, Non-Intrusiveness); interrater reliability: greater than .85; predictive validity with the HOME and the PPVT-III	Care Setting: Other Age Range: Unspecified Type of Instrument: Observational

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (nurses)	<p>I am not obligated to take care of the family.</p> <p>I need to support the family to stay involved with their child.</p> <p>Being available to the family is not an essential part of care in the PICU/NICU.</p> <p>My interest in helping the family is more of a result of my personal concerns than my role as nurse to their child.</p>	4 point scale	Family Nurse Caring Belief Scale (FNCBS)	<p>Psychometrics for overall measure: 27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale);criterion validity</p> <p>Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors</p>	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire
Other (medical provider)	Do you and your staff: - recognize families' schedules and cultural events as important factors related to scheduling appointments?	Never, some of the time, most of the time, and always	Family-Centered Care Self-Assessment Tool	Not available online, Child Trends staff has contact author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (client)	<p>Do you feel your social worker pays attention to you?</p> <p>Does your social worker acknowledge your efforts to cope with your difficulties?</p>	5-point Likert scale (no additional information given)	Helping Relationship Inventory for Social Work Practice	<p>Psychometrics for overall measure: Reliability - The HRI:C (Respondent = Client) has an alpha coefficient of .96. The HRI:W (Respondent = Social Worker) has an alpha coefficient of .93. Therefore, both "have high reliability".</p> <p>Validity - HRI was compared to WAI indexes (Working Alliance Inventory), which already established validity (Horvath & Greenberg). High correlations (support the validity" of HRI. The correlation b/t HRI:C and WAI-C is .84. Factor Analysis of Interpersonal Items - "Support" Eigen value = 1.11, "Support" % variance = 11.1. "Motivation" Eigen value = 6.86, "Motivation" % variance = 68.7</p>	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (social worker)	<p>Do you feel you pay attention to your client?</p> <p>Do you acknowledge your client's efforts to cope with his/her difficulties?</p>	5-point Likert scale (no additional information given)	Helping Relationship Inventory for Social Work Practice	<p>Psychometrics for overall measure: Reliability - The HRI:C (Respondent = Client) has an alpha coefficient of .96. The HRI:W (Respondent = Social Worker) has an alpha coefficient of .93. Therefore, both "have high reliability".</p> <p>Validity - HRI was compared to WAI indexes (Working Alliance Inventory), which already established validity (Horvath & Greenberg). High correlations (support the validity" of HRI. The correlation b/t HRI:C and WAI-C is .84. Factor Analysis of Interpersonal Items - "Support" Eigen value = 1.11, "Support" % variance = 11.1. "Motivation" Eigen value = 6.86, "Motivation" % variance = 68.7</p>	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (such as the Chief Operating Officer and Medical care provider)	<p>Patients and families have telephone/email access to clinicians.</p> <p>Staff or volunteer support is available to ensure that visits by children are positive experiences.</p> <p>A designated staff member or volunteer is available to assure families and provide updates on patient status during surgery or procedures.</p> <p>There is a range of emotional, spiritual, and practical supports available to patients and families.</p>	5-point scale: 1=Not at all, 3=OK, 5=Very Well	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Not available online or internally. Have contacted author.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)
Attitudes: Empowerment

Definition: Empowerment is defined by:

o Equity and perception of competence: having expectations for child's progress, meeting individual's special needs; identification of families' strengths, competencies, and resources; including family members as equal partners

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>[The staff member] accepts our family as important members of the team that helps our child.</p> <p>[The staff member] points out what my child and family do well.</p> <p>[The staff member] helps us do the same kinds of things that other children and families do.</p>	5 point scale: 1=Never, 5=Always	Family-Centered Behavior Scale	Psychometrics for overall measure: Cronbach's alpha coefficient: .97 (N=133), test-retest correlation was .96, and after items removed, 26-item scale had a .98 alpha	<p>Care Setting: Unspecified</p> <p>Age Range: Unspecified (mean age: 10.7)</p> <p>Type of Instrument: Self-Administered Questionnaire</p> <p>Special Population: Special needs children</p> <p>These items may fall better under practices.</p>

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>I feel that I have a right to be informed of all services available and approve of all services my child receives.</p> <p>When problems arise with my child, I handle them pretty well.</p> <p>I feel I can have a part in improving services for children in my community.</p> <p>I feel confident in my ability to help my child grow and develop.</p> <p>I know the steps to take when I am concerned my child is receiving poor services.</p> <p>I make sure that professionals understand my opinions about my child's needs.</p> <p>I know what to do when problems arise with my child.</p> <p>I am able to make good decisions about what services my child needs.</p> <p>I am able to work with agencies and professionals to decide what services my child needs.</p> <p>I believe that parents and I can have an influence on services for children.</p> <p>I tell professionals what I think about services being provided to my child.</p> <p>I believe I can solve problems with my child when they happen.</p> <p>I know what the rights of parents and children are under the early intervention laws.</p> <p>I feel that my knowledge and experience as a parent can be used to improve services for children and families .</p> <p>When dealing with my child, I focus on the good things as well as the problems.</p> <p>When faced with a problem involving my child, I decide what to do and then do it.</p> <p>I feel I am a good parent.</p> <p>I understand how to access community services for my child</p> <p>When necessary I look for services for my child and family.</p>	<p>5 point scale: 1=Not true at all, 2=Occasionally true, 3=Somewhat true, 4=True, 5=Very true</p>	Family Empowerment Scale	<p>34-item self-report w/5-pt likert scale; alphas (.87-.88); Pearson's r (.77-.85) for stability; 2 analyses of validity (unspecified)</p> <p>Piloted w/ 94 parents for pre/post evaluation of a family empowerment intervention</p>	<p>Care Setting: Other</p> <p>Age Range: Unspecified</p> <p>Type of Instrument: Self-Administered Questionnaire</p> <p>Special Population: Children with emotional disabilities</p>

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>We understand child's strengths</p> <p>We know our rights</p> <p>We are comfortable asking for services</p> <p>We are comfortable making decisions</p> <p>We feel like team members</p>	Not at all, A little, Somewhat, Almost, Completely	Family Outcomes Survey-Revised	<p>Cronbach's alpha for full family outcomes scale: .90, but had poor psychometric properties ($X^2=1,487$) Second-order factor showed that five subscale model fit better ($X^2=752.51$)</p> <p>Alphas for the five outcomes subscales (all of which dealt with parent-staff relationships) were .73, .78, .87, .78, .91</p>	<p>Care Setting: Early intervention program.</p> <p>Age Range: Unspecified (mean age: 25.3 months)</p> <p>Type of Instrument: Self-Administered Questionnaire</p> <p>Special Population: Parents of children with disabilities</p> <p>We do not have full item wording for this measure, the abbreviated item is in items column.</p>
Parent	Full item wording is not available.		Family Professional Partnership Tool	<p>Piloted 60 items, 5-pt Likert scale; two factors: child-focused relationships, family-focused relationships; revised scale: 18 items; rated on importance and satisfaction; Cronbach's alpha (.93; .96)</p>	<p>Care Setting: Other</p> <p>Age Range: Unspecified</p> <p>Type of Instrument: Self-Administered Questionnaire</p>

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>Professional helpers sometimes differ in whether they believe people know their own needs and strengths. Which rating best describes whether [helper] believes you know your needs and strengths?</p> <p>Professional helpers sometimes differ in whether they support decisions that people make about what should be done to solve their problems or achieve desired goals. Which rating best describes how [helper] supports you when you make a decision?</p> <p>Professional helpers sometimes differ in whether they focus on people's strengths or weaknesses. Which rating best describes whether [helper] focuses on your strengths or weaknesses?</p> <p>Professional helpers sometimes differ in whether they encourage people to make their own decisions about what is in their best interest. Which rating best describes [helper] encourages you to make decisions?</p> <p>Professional helpers sometimes differ in their attitudes about developing a person's ability to meet their needs or prevent further problems for themselves. Which rating best describes [helper] attitude toward developing your abilities or preventing further problems?</p> <p>Professional helpers sometimes differ in how much they encourage people to use their existing capabilities and knowledge to get resources to meet their needs. Which rating best describes how much [helper] encourages you to use your capabilities and knowledge to get resources?</p> <p>Professional helpers sometimes differ in whether they treat people as capable of learning new skills necessary to solve their problems or meet their needs. Which rating best describes how [helper] sees your ability to learn new skills?</p>	<p>1-Rarely treats me as if I know my needs and strengths</p> <p>2-Seldom treats me as if I know my needs and strengths</p> <p>3-Sometimes treats me as if I know my needs and strengths</p> <p>4-Generally treats me as if I know my needs and strengths</p> <p>5-Almost always treats me as if I know my needs and strengths</p> <p>1-Rarely supports my decisions</p> <p>2-Seldom supports my decisions</p> <p>3-Sometimes supports my decisions</p> <p>4-Generally supports my decisions</p> <p>5-Almost always supports my decisions</p> <p>1-Almost always focuses on my weaknesses</p> <p>2-Sometimes focuses on my weaknesses</p> <p>3-Neither focuses on my weaknesses or my strengths</p> <p>4-Sometimes focuses on my strengths</p> <p>5-Almost always focuses on my strengths</p> <p>1-Rarely encourages me to make my own decisions</p> <p>2-Seldom encourages me to make my own decisions</p> <p>3-Sometimes encourages me to make my own decisions</p> <p>4-Generally encourages me to make my own decisions</p> <p>5-Almost always encourages me to make my own decisions</p> <p>1-Almost always emphasizes preventing problems</p> <p>2-Generally emphasizes preventing problems</p> <p>3-Neither emphasizes preventing problems not developing my abilities</p> <p>4-Generally emphasizes developing my abilities</p> <p>5-Almost always emphasizes developing my abilities</p> <p>1-Rarely encourages me to use my capabilities to get resources</p> <p>2-Seldom encourages me to use my capabilities to get resources</p> <p>3-Sometimes encourages me to use my capabilities to get resources</p> <p>4-Generally encourages me to use my capabilities to get resources</p> <p>1-Rarely sees me as capable of learning new skills</p> <p>2-Seldom sees me as capable of learning new skills</p> <p>3-Sometimes sees me as capable of learning new skills</p> <p>4-Generally sees me as capable of learning new skills</p> <p>5-Almost always sees me as capable of learning new skills</p>	Helpgiving Practices Scale	Psychometric information included in first two pages of the Scale. The tool must be purchased to access this information. Available at Winterberry Press at http://www.wbpress.com/index.php?main_page=product_book_info&products_id=244	Care Setting: Center (not-specified) Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>You feel your child's teacher pays attention to your suggestions.</p> <p>You feel the school counselor/family service worker pays attention to your suggestions.</p>	5 point scale:1=Not at all, 3=Some, 5=A great deal	Incredible Years Evaluation: INVOLVE - Parent Questionnaire	Alpha coefficients for INVOLVE-P Parent Questionnaire Summary Scales: Parent bonding with school teacher .90 (pre); .90 (post) Satisfaction with Family Service Worker .87 (pre); .90 (post)	Care Setting: School-based Age Range: 6-12 Type of Instrument: Self-Administered Questionnaire
Parent	<p>In the past year...to what extent do the people who work with your child:</p> <ul style="list-style-type: none"> -Trust you as the "expert" on your child? -Let you choose when to receive information and the type of information you want? -Recognize that your family has the final say when making decisions about your child's treatment? -Treat you as an "equal" rather than just as the parent of a patient? -Make you feel like a partner in your child's care? -Help you to feel competent as a parent? 	7 point scale: 1=Never, 4=Sometimes, 7=To a great extent	Measure of Process of Care	Psychometrics for overall measure: Internal Consistency as assessed by Cronbach's coefficient alpha: Respectful and Supportive Care (9 items) - Pilot Study = .91, Field testing = .92, Reliability re-text = .86. Providing Specific Info about the Child (5 items) - Pilot Study = .81, Field Testing = .82, Reliability re-test = .63. Providing general info (9 items) - Pilot Study = .91, Field Testing = .93, Reliability re-test = .94. Enabling & Partnership (16 items) - Pilot Study = .95, Field Study = .96 Reliability re-test = .86.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with a disability (developmental or physical)
Parent	<p>How successful are your internal and external resources to help parent leaders develop and maintain their skills, and assistance in accessing them?</p> <p>How effective is your structure to support and supervise parent leaders and give them regular feedback on their performance?</p> <p>Is it customary that decision-making is consensual and inclusive as opposed to top-down and non-participatory?</p> <p>Do parents have equal input to professionals and other volunteers in all levels of your network?</p> <p>To what extent is your agency one that empowers rather than uses power to coordinate the activities of the network?</p> <p>Are there sufficient and varied opportunities for everyone in the network to facilitate, guide, and coach others to adopt practices that reflect the goals of your CBCAP plan?</p> <p>Rate how your network empowers parent leaders and other stakeholders to help shape the direction of your CBCAP activities</p>	Always/yes, In progress, In the plans, No, n	Parent Leadership Development Self-Assessment	None available online or internally. Child Trends staff have contacted the author.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Parents participating in child abuse prevention programs

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>The program staff help me to see strengths in myself I didn't know I had.</p> <p>The program staff helps me to use my own skills and resources to solve problems.</p> <p>The program staff help me to see that I am a good parent.</p> <p>The program staff encourage me to think about my own personal goals or dreams.</p> <p>The program staff support me in the decisions I make about myself and my family.</p>	7-point scale: 1=Strongly disagree, 7=Strongly agree	Strength-Based Practices Inventory	Internal consistency: alphas for subscales ranged from .81 to .92, measure was positively correlated with Parent Empowerment Scale Predictive validity: strength-based practices at 14-months were not found to be predictive of parent empowerment, social support, and other parent outcomes measured at 24 months	Care Setting: Head Start Age Range: 0-2 Type of Instrument: Qualitative Special Population: Parents at or below Federal Poverty guidelines The source contains item wording, but does not contain the response scale
Provider	<p>How important is it to you that your lead teachers... Pay attention to suggestions parents make about caring for their child?</p>	4 point scale: 1=Very important, 2=Somewhat important, 3=Not very important, 4=Not at all important	National Study of Early Care and Education Design Questionnaire for Center-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Provider	<p>How much do you agree or disagree with the following statement: Parent make valuable suggestions about caring for their children?</p>	3 point scale: 1=Agree, 2=Neither agree nor disagree, 3=Disagree	National Study of Early Care and Education Design Questionnaire for Home-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Family Child Care Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Provider	<p>Do you and your staff:</p> <ul style="list-style-type: none"> -Partner with families to help define their role in their child's care? -Act to support each family's chosen role? -When deciding on treatment options, do you and your staff work with the family and child/youth to decide what the desired outcomes are (e.g., improved health status, better school attendance, less pain, or better involvement with sports or sports activities)? -Ask families and children (from an early age)/youth about their vision for the future? 	Never, Some of the time, Most of the time, Always	Family-Centered Care Self-Assessment Tool	Not available online, Child Trends staff has contacted author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Director/ Administrator	<p>All staff are trained to recognize early signs of child abuse and neglect.</p> <p>The staff recognize and affirm the central role of parents in their child's life.</p> <p>Staff recognize and value parent contributions.</p> <p>Staff recognizes parents' growth and efforts.</p>	6-point scale: 0=Not applicable, 1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly agree	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	Home visitor: -Brings activities selected by parents -Does or says things to build on family's strengths -Follows parent and child lead in activities -Helps parent plan activities -Is consistently responsive to parent ideas and interests	Not applicable. This is an observational measure.	Home Visit Rating Scale (HOVRS)	7 scales w/ 7 ratings (HV Responsiveness to Family, Relationship/ Family, Non-Intrusiveness); For overall measure: interrater reliability: greater than .85; predictive validity with the HOME and the PPVT-III	Care Setting: Other Age Range: Unspecified Type of Instrument: Observational
Observer			Family Provider Interaction Analysis (FPIA)	4 trained subjects rated 3 10-minute videotaped family/provider sessions; face validity (chi-square analysis: significant differences in categories); reliability: rho's (.17-1.0) for intrarater;.01-.77 for interrater	Care Setting: Family-provider session through Let's Play! Project, a federally funded model demonstration project Age Range: 0-2 Type of Instrument: Observational Special Population: Infants and toddlers with special needs
Other (nurses)	I should try to help parents be active in caring for their child.		Family Nurse Caring Belief Scale (FNCBS)	Psychometrics for overall measure: 27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale);criterion validity Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire
Other (client)	How much input have you had in determining the actions you are taking to address your difficulties? How much input do you have in determining how you and your social worker will assess your progress? Does talking with your social worker help you believe more in yourself? Do you and your social worker talk about the things you do well?	5-point Likert scale (no additional information given)	Helping Relationship Inventory for Social Work Practice	Psychometrics for overall measure: Reliability - The HRI:C (Respondent = Client) has an alpha coefficient of .96. The HRI:W (Respondent = Social Worker) has an alpha coefficient of .93. Therefore, both "have high reliability". Validity - HRI was compared to WAI indexes (Working Alliance Inventory), which already established validity (Horvath & Greenberg). High correlations (support the validity" of HRI. The correlation b/t HRI:C and WAI-C is .84. Factor Analysis of Interpersonal Items - "Support" Eigen value = 1.11, "Support" % variance = 11.1. "Motivation" Eigen value = 6.86, "Motivation" % variance = 68.7	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (social worker)	<p>How much input has your client had in determining the actions they are taking to address their difficulties?</p> <p>How much input does your client have in determining how he/she and you will assess his/her progress?</p> <p>Do you feel talking with your client helps him/her believe in him/herself?</p> <p>Do you and your client talk about the things he/she does well?</p>	5-point Likert scale (no additional information given)	Helping Relationship Inventory for Social Work Practice	<p>Psychometrics for overall measure:</p> <p>Reliability - The HRI:C (Respondent = Client) has an alpha coefficient of .96. The HRI:W (Respondent = Social Worker) has an alpha coefficient of .93. Therefore, both "have high reliability".</p> <p>Validity - HRI was compared to WAI indexes (Working Alliance Inventory), which already established validity (Horvath & Greenberg). High correlations (support the validity" of HRI. The correlation b/t HRI:C and WAI-C is .84. Factor Analysis of Interpersonal Items - "Support" Eigen value = 1.11, "Support" % variance = 11.1. "Motivation" Eigen value = 6.86, "Motivation" % variance = 68.7</p>	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (medical care provider)	Patients and families serve on hospital committees and task forces such as patient and family education, quality improvement, patient safety, ethics committee, diversity/cultural competence, patient care committees, discharge/transition planning, end of life care, facility design planning, staff recruitment and hiring processes, service excellence, and research and evaluation.	5-point scale: 1= Not at all, 3=Ok, 5=Very well	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)
Attitudes: Openness to Change

Definition: Openness to change is defined by:

o A willingness to alter one's normal practices and flexibility to make these changes.

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	My caregiver is open to new information and learning. The caregiver changes activities in response to my child's needs.	4 point scale: 1=Never, 2=Sometimes, 3=Often, 4=Always	Emlen Scales	Items from the Quality of Care Scale, A skilled caregiver subscale- alpha=.88	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire
Parent	(Provider/My caregiver at Provider) is very open to new information and learning. How often do you think (PROVIDER/your caregiver at PROVIDER) would have been very open to new information and thinking?	5 point scale: 1=Rarely, 2=Sometimes, 3=Usually, 4=Frequently, 5=Always	National Study of Early Care and Education, Design Questionnaire for Parents (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Unspecified Age Range: 0-18 Type of Instrument: Interviewer-Administered Survey
Parent	The childcare provider is open to new information and learning. (How often is it true that the childcare provider is open to new information and learning? Would you say...)	5 point scale: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always	Three-City Study Child Care Interview Protocol	Items on the maternal ratings of child care survey were adapted from Emlen scales. Item is from the Quality of Care Scale, A skilled caregiver subscale- alpha=.88	Care Setting: Community-based Care; Family Child Care; Family, Friend, or Neighbor care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey
Provider	How important to you is it that your lead teachers pay attention to suggestions parents make about caring for their children?	4 point scale: 1=Very Important, 2=Somewhat Important, 3=Not Very Important, 4=Not at all Important	National Study of Early Care and Education Design Questionnaire for Center-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Observer	We do not have full item wording for this measure.		Family Provider Interaction Analysis (FPIA)	4 trained subjects rated 3 10-minute videotaped family/provider sessions; face validity (chi-square analysis: significant differences in categories); reliability: rho's (.17-1.0) for intrarater;.01-.77 for interrater	Care Setting: Family-provider session through Let's Play! Project, a federally funded model demonstration project Age Range: 0-2 Type of Instrument: Observational Special Population: Infants and toddlers with special needs
Other (nurses)	It is my responsibility to change my plan of care over time to incorporate what the family feels is right for them given their perspective of the situation with the child.	4 point scale	Family Nurse Caring Belief Scale (FNCBS)	Psychometrics for overall measure: 27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale);criterion validity Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)
Attitudes: Contextual

Definition: Contextual perspective is defined by:

o Appreciation for the broader context in which children's development and family's situations are situated; viewing the family as a unit, rather than focusing on an individual child

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	I feel comfortable telling my caregiver what's going on at home.	4 point scale: 1=Never, 2=Sometimes, 3=Often, 4=Always	Emlen Scales	Item from Talk and Share Information Subscale-alpha=.72	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire
Parent	[The staff member] cares about our entire family, not just the child. [The staff member] suggests things that we can do for our child that fit into our family's daily life.	Items rated on scale from 1 to 5, 1=Never, 5=Always	Family-Centered Behavior Scale	Psychometrics for overall measure: Cronbach's alpha coefficient: .97 (N=133), test-retest correlation was .96, and after items removed, 26-item scale had a .98 alpha	Care Setting: Unspecified Age Range: Unspecified (mean age: 10.7) Type of Instrument: Self-Administered Questionnaire Special Population: Special needs children
Provider	With [FOCUS PARENT], how frequently do you talk about: -What's happening at home with [FOCUS CHILD] -What's happening in [FOCUS PARENT's] life	Never, Sometimes, Often	Child Care Assessment Tool for Relatives (CCAT-R) Interview	Psychometrics for overall measure: Criterion validity; construct validity through factor analysis (4 factors: nurturing, bi-directional communication, uni-directional communication, engagement); content validity; informal test of concurrent validity w/ FDCRS 4 items	Care Setting: Family Child Care; Family, Friend or Neighbor care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey
Provider	Do choices of diagnostic and treatment approaches take into account: -Family insurance status and economic situation? Do you and your staff: -Invite families or youth to do presentations for staff to learn how their cultures and values influence decision-making around their health care needs? -Invite families or youth to give presentations for staff to learn about the family perspective?	Never, Some of the Time, Most of the time, Always	Family-Centered Care Self-Assessment Tool	Not available online or internally. Child Trends staff has contacted author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Provider	Some people see taking care of children as an individual, family matter while others see it as something the whole community should get involved in. How do you feel about this?	Open-ended	Work-Child Care Fit	Contacted developer to see if psychometric information is available.	Care Setting: Center (not-specified); Family Child Care; Family, Friend or Neighbor Care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey; Qualitative
Observer	Before making the enrollment decision, an effort is made to determine whether the provider and the family are a good fit.	Not applicable-observational scale	Business Administration Scale for Family Child Care (BAS)	Scale cronbach's alpha: .77 (N=65) Interrater reliability: 94% Distribution of provider-parent communication item: 55% of respondents got the top score. Intercorrelation between this item and other items on the scale ranged from .01 to .38. Significant correlation (.44) between item and FCCERS-R measure	Care Setting: Family Child Care Age Range: Unspecified Type of Instrument: Observational; Interview-Administered Survey

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (such as the Chief Operating Officer and Medical care provider)	The definition for how care will be delivered reflect the principles of patient-and family-centered care and articulates: <ul style="list-style-type: none"> -A broad definition of family -The importance of families to the care and comfort of patients -The importance of collaborating with patients and families at all levels of care 	5-point scale: 1=Not at all, 3=OK, 5=Very Well	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometric testing has not been conducted for this measure.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)
Knowledge: Theoretical/Substantive Knowledge - Family Functioning

Definition: Family Functioning is defined by:
o understands the dynamics of the family
o understands the factors that affect how a family interacts

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	[The staff member] understands that I know my child better than anyone else.	5 point Likert scale: 1= Never and 5= always	Family-Centered Behavior Scale	Cronbach's alpha coefficient: .97 (N=133), test-retest correlation was .96, and after items removed, 26-item scale had a .98 alpha	Care Setting: Unspecified Age Range: Unspecified (mean age: 10.7) Type of Instrument: Self-Administered Questionnaire Special Population: Special needs children
Provider	As part of your child care activities, how often do you or your staff have conversations with parents of children you care for on these issues: - problems parents are having in their relationships with partners or family members	1= daily, 2= 3-4 times a week, 3= 1-2 times a week, 4= 1-2 times a month, 5= every few months	National Study of Early Care and Education Design Questionnaire for Home-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Family Child Care Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Director/ Administrator	Staff are knowledgeable about: - the parenting styles of both mothers and fathers and the strengths of each. - parent-child relationships, attachment, and bonding. - promoting positive relationships between children living in the same household. Staff know how to respond to family crises. Staff receive training on: - recognizing such issues as domestic violence, depression, developmental delays, mental illness, chronic health problems, substance abuse and other signs of imminent crisis - understanding the impact of family crises and/or loss on all family members- especially children- and how to respond appropriately. Staff make sure that parents understand how their child(ren)'s positive relationships with other adults positively impacts their own relationship with their child(ren). All staff are trained on the impact of loss and trauma on children and how to respond to the situation appropriately. Staff know how to respond appropriately to family crises. Staff receive training on: - maintaining confidentiality - resolving conflicts - talking to families about difficult issues - recognizing such issues as domestic violence, depression, developmental delays, mental illness, chronic health problems, substance abuse, and other signs of imminent crisis. - helping families make immediate and long-term plans - understanding the impact of family crises and/or loss on all family members--especially children--and how to respond appropriately. - talking to parents about helping children in time of crisis.	5 point scale: 5= Strongly agree, 4= Agree, 3= neither agree nor disagree, 2= Disagree, 1= Strongly disagree, not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (nurse)	The physical care of the child is more important than understanding the experience of the family. Families have the right to say what is important to them in planning care.	5 point Likert scale: 1= Strongly disagree, 5= Strongly agree	Family Nurse Caring Belief Scale (FNCBS)	27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale);criterion validity Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire
Other (medical provider)	The family's wellbeing (adults and other children) and their needs for support? The family's support network and the role of faith/religion or other cultural supports? The family's concerns and any stresses or success they may experience as a caregiver? Depression, domestic violence, substance abuse, housing or food insecurity?	5-point scale: 1=Never, 5= Always	Family-Centered Behavior Scale	Cronbach's alpha coefficient: .97 (N=133), test-retest correlation was .96, and after items removed, 26-item scale had a .98 alpha	Care Setting: Unspecified Age Range: Unspecified (mean age: 10.7) Type of Instrument: Self-Administered Questionnaire Special Population: Special needs children
Other (medical staff)	Orientation and in-service programs support staff in acquiring patient-and family-centered knowledge, skills, and attitudes.	5 point scale:1= not at all, 3= ok, 5 = very well	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)
Knowledge: Theoretical/Substantive Knowledge - Child Development

Definition: Child Development Knowledge is defined by knowledge about:
o provider understands the different domains of child development
o understanding what can be done to facilitate development across various child development domains

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	My caregiver shows that she(he) knows a lot about children and their needs.	Emlen Scales: Yes, No, Mixed Feelings Quality for ME: Never, rarely, sometimes, often and always (don't know). Three-City Study: 5 point Likert scale: 1 = never, 2= rarely, 3 = sometimes, 4= often, 5= always	Emlen Scales Quality for ME: Quality of Child Care Services Three-City Study Child Care Interview Protocol	55 items in 7 factors: warmth and interest in child; rich activities and environment; high risk care; child feels safe and secure; a skilled caregiver; parent and caregiver share information; a supportive caregiver. Cronbach's alpha for internal consistency (warmth and interest in child: .93, rich activities and environment: .87, skilled caregiver:.88, talk and share information: .72, caregiver accepting and supportive: .70). Face validity; "validation by replication;" prediction of quality.	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire
Parent	The teachers show they know a lot about children and their needs.	Always, often, rarely , never	Partnership Impact Research Study Parent Questionnaires	None available online or internally. Child Trends staff have contacted the author.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: Preschool aged children Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Director/ Administrator	<p>Staff spend time with parents when they are observing their children to help them recognize:</p> <ul style="list-style-type: none"> - Their children's unique temperament, personality, communication styles and cues. - Positive social skills and developmentally appropriate emotional behavior in their children. - Their children's independence and abilities. <p>Information is provided on regular developmental challenges, such as bed-wetting, potty training, appropriate discipline, eating, sleeping, and aggression.</p> <p>For parents with children with special needs, staff:</p> <ul style="list-style-type: none"> - Support parents in developing appropriate developmental expectations for their special needs children. - Ensure that parent-child activities are appropriate for families with children with special needs. <p>Staff receive training on:</p> <ul style="list-style-type: none"> - Fostering children's social and emotional development. - Recognizing developmental delays. - Recognizing behavioral/emotional problems. 	Excellent, fair, poor, and not applicable.	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
	<p>The program introduces parents to social and emotional development by:</p> <ul style="list-style-type: none"> - Informing parents of the importance of supporting children's healthy social and emotional development and its connections to success in school. - Helping parents understand age-appropriate social and emotional skills and behaviors. - Providing opportunities to discuss social and emotional issues with parents within a cultural context. - Encouraging parents to be aware of their children's social and emotional development. - Offering parents ideas on how to foster a child's social and emotional learning at home. - Teaching about children's social and emotional development in parenting classes and informal discussions. <p>Staff encourage children to express their feelings through words, artwork, and expressive play.</p> <p>Staff model behavior toward children that encourages social and emotional expressiveness.</p>				
Other (medical provider)	<p>Do you and your staff:</p> <ul style="list-style-type: none"> - reassess care approaches at key developmental milestones and transitions? (For example, when the child begins to walk, talk, begins school, enters puberty, and begins middle or high school). 	Never, some of the time, most of the time, and always	Family-Centered Care Self-Assessment Tool	Not available online, Child Trends staff has contact author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

**Family-Provider Relationship Quality (FPRQ)
Knowledge: Theoretical/Substantive Knowledge - Effective Parenting Skills**

Definition: Effective Parenting Skills is defined by:

o Understand what are effective parenting skills, such as anger management, engaging children in play, and setting boundaries

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Director/ Administrator	<p>Staff guide parents' observations of their children to help them recognize their child's independence and abilities</p> <p>The program supports children's social and emotional development with intentional practices that:</p> <ul style="list-style-type: none"> -encourage children to express their feelings. -encourage sharing, taking turns, and cooperative play. <p>Staff encourage children to express their feelings through words, artwork, and expressive play.</p> <p>Staff understand and respect the relationships and attachments that children form in the program by providing children the opportunity to say goodbye when they are leaving the program or when staff changes occur.</p> <p>When staff talk with parents about discipline, they:</p> <ul style="list-style-type: none"> - Explain why the center uses the forms of discipline that they do. - Provide information on age-appropriate discipline and reasonable expectations. - Offer ideas for alternate forms of discipline and how to recognize and reinforcement. <p>Staff coach parents about how to interact effectively with their children (listening; appreciating ideas, efforts, and feelings; creating a non-threatening environment).</p> <p>Staff are knowledgeable about:</p> <ul style="list-style-type: none"> - the parenting practices of different cultural and ethnic groups. - the parenting styles of both mothers and fathers and the strengths of each. - parent-child relationships, attachment, and bonding. - promoting positive relationships between children living in the same household. 	5 point scale: 5= Strongly agree, 4= Agree, 3= neither agree nor disagree, 2= Disagree, 1= Strongly disagree, not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)

Knowledge: Family/Child-Specific Knowledge

Definition: Family/Child-Specific Knowledge is defined by:

- o Whether information about the child is on file
- o Whether the provider understands, knows, and/or is aware of the specific needs of the child
- o Ongoing reciprocal information gathering among providers, programs, and families: Families' culture/context/situations influencing the family; children's specific abilities and needs; family members' specific abilities, needs, and goals

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	My caregiver recognizes my child's special abilities. My caregiver understands my job and what goes on for me at work.	Yes, No, Mixed Feelings	Emlen Scales	55 items in 7 factors: warmth and interest in child; rich activities and environment; high risk care; child feels safe and secure; a skilled caregiver; parent and caregiver share information; a supportive caregiver. Cronbach's alpha for internal consistency (warmth and interest in child: .93, rich activities and environment: .87, skilled caregiver: .88, talk and share information: .72, caregiver accepting and supportive: .70). Face validity; "validation by replication;" prediction of quality.	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire
Parent	I know the steps to take when I am concerned my child is receiving poor services. I know what to do when problems arise with my child. I understand how the early intervention system is organized. I know what services my child needs. I know what the rights of parents and children are under the early intervention laws. I have a good understanding of my child's health and development. I understand how to access community services for my child.	1 (Not True at All), 2 (Occasionally True), 3 (Somewhat True), 4 (True), and 5 (Very True).	Family Empowerment Scale	34-item self-report w/5-pt Likert scale; alphas (.87-.88); Pearson's r (.77-.85) for stability; 2 analyses of validity (unspecified) Piloted with 94 parents for pre/post evaluation of a family empowerment intervention .	Care Setting: Other Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with emotional disabilities
Parent	[The staff member] understands that I know my child better than anyone else does.	5-point scale: 1=Never, 5=Always	Family-Centered Behavior Scale	Cronbach's alpha coefficient: .97 (N=133), test-retest correlation was .96, and after items removed, 26-item scale had a .98 alpha	Care Setting: Unspecified Age Range: Unspecified (mean age: 10.7) Type of Instrument: Self-Administered Questionnaire Special Population: Special needs children
Parent	To what extent do the people who work with your child recognize the demands of caring for a child with special needs? To what extent do the people who work with your child recognize that your family has the last say when making decisions about your child's treatment? To what extent do the people who work with your child seem aware of your child's changing needs as he/she grows? To what extent do the people who work with your child remember personal details about your child or family when speaking with you?	8-point scale: 0=Not applicable, 1=Not at all, 2=To a very small extent, 3=To a small extent, 4=To a moderate extent, 5=To a fairly great extent, 6=To a great extent, 7=To a very great extent	Measure of Process of Care	Internal Consistency as assessed by Cronbach's coefficient alpha: Respectful and Supportive Care (9 items) - Pilot Study = .91, Field testing = .92, Reliability re-test = .86. Providing Specific Info about the Child (5 items) - Pilot Study = .81, Field Testing = .82, Reliability re-test = .63. Providing general info (9 items) - Pilot Study = .91, Field Testing = .93, Reliability re-test = .94. Enabling & Partnership (16 items) - Pilot Study = .95, Field Study = .96 Reliability re-test = .86.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with a disability (developmental or physical)

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>I know who my family's service coordinator is.</p> <p>I know how to call or find my service coordinator when I need to.</p> <p>Our service coordinator understood my child's and family's needs.</p> <p>I understand what is written in our IFSP.</p> <p>I know about my legal rights and protections under the early intervention law (like what to do if I don't agree with a decision made about my child's early interventions services).</p>	<p>Yes, no, or not sure</p> <p>Yes, no, or not sure</p> <p>6-point scale: 0=Don't know, 1=Strongly disagree, 6=Strongly agree</p> <p>6-point scale: 0=Don't know, 1=Strongly disagree, 6=Strongly agree</p> <p>6-point scale: 0=Don't know, 1=Strongly disagree, 6=Strongly agree</p>	Virginia Family Survey	None available. This is a state-specific tool, and psychometric testing has not been conducted.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: For families whose children are receiving early intervention services
Provider	<p>Thinking about (Focus Parent), please tell me whether you agree or disagree with each statement.</p> <p>Do you disagree, agree, or neither disagree nor agree with this statement?</p> <p>I understand what (his/her) schedule is like.</p>	3-point scale: 1=disagree, 2=neither disagree nor agree, 3=agree	Child Care Assessment Tool for Relatives (CCAT-R) Interview	<p>Criterion validity; construct validity through factor analysis (factors: nurturing, bi-directional communication, uni-directional communication, engagement); content validity; informal test of concurrent validity w/ FDCRS 4 items</p> <p>No other reliability information is available.</p>	Care Setting: Family Child Care; Family, Friend or Neighbor care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey
Provider	To the best of your knowledge, how much does this parent do things to encourage this child's positive attitude toward the education (e.g., take child to the library, play games to teach child new things, read to child)?	5-point scale: 1=Don't know or not at all, 2=A little, 3=Some, 4=A lot, 5=A whole lot	Incredible Years Evaluation: INVOLVE - Teacher Questionnaire	<p>20 items; 5-pt Likert scale.</p> <p>Alpha coefficients for INVOLVE-T Teacher Questionnaire Summary Scales</p> <p>Parent involvement in education .91</p> <p>Parent involvement with school/teacher .84</p> <p>Parent involvement total .90</p> <p>Teacher bonding with parent .76</p>	Care Setting: K-12 Age Range: 6-12 Type of Instrument: Self-Administered Questionnaire
Provider	<p>How many of the children have a physical condition that affects the way your program serves them?</p> <p>How many of the girls have an emotional, developmental or behavioral condition that affects the way your program serves them? And of boys?</p> <p>How many of your children do not speak English at home? If needed: What percent of your children do not speak English at home?</p> <p>Do you have any parents who have difficulty communicating with their child's teacher because of a language barrier? If needed: For example, are their parents who need the help of an interpreter or a child to speak with their child's teacher?</p> <p>How many of your families have difficulty communicating with their child's teacher because of a language barrier? If needed: Please tell me the percentages of families who need the help of an interpreter or a child to speak with their child's teacher.</p> <p>Do you and your staff have access to a family support resource/mental health consultant/guidance counselor?</p>	<p>_____ Number of children</p> <p>_____ Number of girls</p> <p>_____ Number of boys</p> <p>_____ Number of Children or _____% of children</p> <p>Yes, No</p> <p>_____ Number of families</p> <p>Yes, No</p>	National Study of Early Care and Education Design Questionnaire for Center-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Provider	<p>Does (Child's Name) have a physical condition that affects the way you provide care for (him/her)?</p> <p>Does (Child's Name) have an emotional, developmental, or behavioral condition that affects the way you provide care for (him/her)?</p> <p>Does (Child's Name) speak a language other than English at home?</p> <p>How many of the children have a physical condition that affects the way your program serves them?</p> <p>How many of the girls have an emotional, developmental or behavioral condition that affects the way your program serves them? And of boys?</p> <p>How many of your children do not speak English at home? If needed: What percent of your children do not speak English at home?</p> <p>Do you have any parents who have difficulty communicating with their child's teacher because of a language barrier? If needed: For example, are their parents who need the help of an interpreter or a child to speak with their child's teacher?</p> <p>How many of your families have difficulty communicating with their child's teacher because of a language barrier? If needed: Please tell me the percentages of families who need the help of an interpreter or a child to speak with their child's teacher.</p> <p>How much do you agree or disagree with the following statements: -I understand what parents' schedules are like? -I'm willing to be flexible in working with parents' schedules?</p>	<p>Yes, No</p> <p>Yes, No</p> <p>Yes, No</p> <p>____ Number of children</p> <p>____ Number of girls ____ Number of boys</p> <p>____ Number of Children or ____% of children</p> <p>Yes, No</p> <p>____ Number of families</p> <p>3-point scale: 1=Agree, 2=Neither agree nor disagree, 3=Disagree</p>	National Study of Early Care and Education Design Questionnaire for Home-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Family Child Care Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Observer	<p>Forms are available and used for recording information about allergies and special needs and includes the child's name, date, nature of allergy and/or special need, and parent signature.</p> <p>A child information form is available and parents complete it at enrollment.</p> <p>A system is established and used by Provider and Parents to provide written information about specific daily needs or variation in a child's routine (such as sleeping, eating, toileting, pick-up, job changes, family travel, family visitors).</p> <p>Immunization records are current and on file for all children and updated at least annually.</p> <p>Signed, notarized emergency medical release form is on file for each child.</p> <p>Current phone numbers are available for each child's pediatrician, parent(s) and emergency contact information if parent(s) cannot be reached and are updated at least annually.</p> <p>Provider is able to identify community resources for special needs (such as learning disabilities, vision, hearing, motor, speech)</p> <p>Provider is able to identify community resource to whom suspected child abuse is reported.</p>	Not applicable - observational scale	Assessment Profile for Family Child Care Homes	Not available online or internally, Child Trends staff contacting author.	Care Setting: Family Child Care Age Range: Unspecified Type of Instrument: Observational

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	<p>When a child enrolls, information is obtained regarding his/her:</p> <ul style="list-style-type: none"> - family background (language spoken, special dietary concerns, parental attitude toward discipline, relationship with relatives) - physical development - cognitive development - social-emotional development <p>Information concerning family/parents' resources (time, skills, interests) is requested.</p> <p>Educational interests and needs of parents are identified.</p>	Not applicable - observational scale	Child Development Program Evaluation Scale (CDPES)	<p>Total 37 items from 900 items from 4 states (NY, PA, CA, WVA); statistically significant predictors of compliance and quality; face validity with NAEYC and CWLA standards</p> <p>Concurrent validity was assessed by comparing the CDPES and the ECERS total scores ($r = .77$; $p < .005$).</p>	<p>Care Setting: Center (not-specified)</p> <p>Age Range: 0-12</p> <p>Type of Instrument: Observational</p> <p>Special Population: Includes items for special needs children.</p>
Observer	Families understand how the program works to support their children's development and learning.	Not applicable - observational scale	Qualistar Rating Criteria Chart	None available. This tool is used in Colorado to evaluate programs participating in the Colorado quality rating and improvement system.	<p>Care Setting: Head Start; Pre-K; Community-based Center; Center (not-specified); Family Child Care</p> <p>Age Range: 0-5</p> <p>Type of Instrument: QRIS</p> <p>Special Population: Quality Rating and Improvement System for Colorado's child care centers/FCC homes</p>
Other (medical care provider)	<p>Patients' and families' goals are included in the medical record/chart.</p> <p>Staff acknowledge the individuality, culture, capacity, and abilities of each patient and family.</p> <p>Leaders of the organization (governing board, administration, and clinical staff leadership) are knowledgeable about patient- and family-centered care.</p>	5-point scale: 1= Not at all, 3=Ok, 5=Very well	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure.	<p>Care Setting: Medical Setting</p> <p>Age Range: Unspecified</p> <p>Type of Instrument: Self-Administered Questionnaire</p>

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (medical provider)	<p>Do choices of diagnostic and treatment approaches take into account:</p> <ul style="list-style-type: none"> - family/child youth preference for site of care, type of provider (gender, language spoken, etc.)? - child/youth's ability to tolerate the procedure? - any follow up medical treatment the child/youth will need? - family insurance status and economic situation? - family and child/youth work and school schedules? <p>Do you and your staff:</p> <ul style="list-style-type: none"> - have a process to identify the strengths of families within the practice that they can share with other families? <p>Do you and your staff:</p> <ul style="list-style-type: none"> - have a policy about delivering family-centered care? - have a process to assist families in understanding and interpreting the child's medical record? (For example, provide explanations of medical terms and answer questions about content). <p>Do you and your staff:</p> <ul style="list-style-type: none"> - document the community-based services families use? (Examples include intervention, Head Start, childcare, community recreation programs, vocational rehab, faith-based activities?) <p>Do you and your staff:</p> <ul style="list-style-type: none"> - recognize families' schedules and cultural events as important factors related to scheduling appointments? <p>Do you and your staff:</p> <ul style="list-style-type: none"> - document the need for interpretation services when making referrals? <p>Do you and your staff:</p> <ul style="list-style-type: none"> - assess and document the development status of each child/youth? - reassess care approaches at key developmental milestones and transitions? (For example, when the child begins to walk, talk, begins school, enters puberty, and begins middle or high school). 	Never, some of the time, most of the time, and always	Family-Centered Care Self-Assessment Tool	Not available online, Child Trends staff has contact author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (nurses)	Knowing the family is not essential in order for me to care for them.	5 point Likert scale: 1= Strongly disagree, 5= Strongly agree	Family Nurse Caring Belief Scale (FNCBS)	<p>27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale);criterion validity</p> <p>Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors</p>	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (medical staff)	<p>An electronic data system includes identifiers and utilization data about children with special health care needs CSHCH; these data are used for monitoring, tracking, and for indicating levels of care complexity.</p> <p>In addition to above, an electronic data system is used to support the documentation of need, monitoring of clinical care, care plan and related coordination and the determination of outcomes (e.g. clinical, functional, satisfaction and cost outcome).</p>	Partial, complete	Medical Home Index: Pediatric	<p>Kappa coefficients of interrater reliability between two Center for Medical Home Improvement project staff were above .50 for all 25 themes. Kappa scores comparing each staff member and the practice sites' self-assessment found 80% of the themes at .65 or better for one interviewer (J.W.M.) and 60% of the themes at .65 or better for the second interviewer (K.S.). The internal consistency reliability standardized alpha coefficients across the 6 domains of the MHI ranged from .81 to .91, and the overall standardized alpha coefficient was .96.</p>	<p>Care Setting: Pediatric medical care setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire</p>
Other (nurses)	Knowing the family is not essential for me to care for them.	5-point scale: 1=Strongly agree, 5= Strongly disagree	Family Nurse Caring Belief Scale (FNCBS)	<p>27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale); criterion validity</p> <p>Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors</p>	<p>Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire</p>

**Family-Provider Relationship Quality (FPRQ)
Practices: Relationship Skills**

Definition: Relationship skills is defined by:

- o Positive, two-way communication that is responsive to families' preferences and provider's personal boundaries.
- o Opportunities for communication with parents about children, family, and self.
- o Sensitivity, flexibility, and responsiveness to support families' identified needs and goals.
- o Equitable, culturally-responsive relationship between provider/program and family.
- o Inclusion of diverse languages.

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	My caregiver and I share information. We've talked about how to deal with problems that might arise. I feel comfortable telling my caregiver what's going on at home.	Never, Sometimes, Rarely, Often, Always, Don't know, Does not apply to me	Emlen Scales	55 items in 7 factors; face validity; "validation by replication;" prediction of quality; Cronbach's alpha for internal consistency: talk and share information (3 items): .72.	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire
Parent	[The staff member] listens to us. [The staff member] plans meetings at times that are good for our family. [The staff member] talks in everyday language that we can understand.	5-point scale: 1=Never performs this behavior and 5=Always performs the behavior. It also notes to circle "0" if you have not had a chance to observe how the staff member acts	Family-Centered Behavior Scale	Cronbach's alpha coefficient: .97 (N=133), test-retest correlation was .96, and after items removed, 26-item scale had a .98 alpha	Care Setting: Unspecified Age Range: Unspecified (mean age: 10.7) Type of Instrument: Self-Administered Questionnaire Special Population: Special needs children
Parent	I am able to work with agencies and professionals to decide what services my child needs. I make sure I stay in regular contact with professionals who are providing services to my child.	Not true at all, Occasionally true, Somewhat true, True, Very True	Family Empowerment Scale	34-item self-report w/5-pt likert scale; alphas (.87-.88); Pearson's r (.77-.85) for stability; 2 analyses of validity (unspecified) Piloted w/ 94 parents for pre/post evaluation of a family empowerment intervention	Care Setting: Other Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with emotional disabilities
Parent	[Provider] provides information about child's needs. [Provider] listened and respected your choices. [Provider] scheduled convenient meetings. [Provider] talked with you about your priorities. [Provider] felt like team member. [Provider] developed good relationship.	5-point scale: 1=Not at all, 2=A little, 3=Somewhat, 4=Almost, 5=Completely	Family Outcomes Survey Revised	Cronbach's alpha for full family outcomes scale: .90, but had poor psychometric properties ($X^2=1,487$) Second-order factor showed that five subscale model fit better ($X^2=752.51$) Alphas for the five outcomes subscales (all of which dealt with parent-staff relationships) were .73, .78, .87, .78, .91	Care Setting: Early intervention program Age Range: Unspecified (mean age: 25.3 months) Type of Instrument: Self-Administered Questionnaire Special Population: Parents of children with disabilities
Parent	How helpful has each of the following been to you in terms of raising your child(ren): - school/day care center? - early childhood intervention program?	5-point scale: 1=Not at all helpful, 2=Sometimes helpful, 3=Generally helpful, 4=Very helpful, 5=Extremely helpful	Family Support Scale	Coefficient alpha computed from average correlation among 18 scale items was .79. The split-half reliability was .77 corrected for length using Spearman-Brown formula. Test-retest reliability average $r = .42$ ($SD = .15$) for the 18 separate items and $r = .50$ for the total scale score. Professional helpers test-retest correlation was marginally statistically significant ($p > .05$). All other stability coefficients were significant beyond the $p < .001$ level.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with disabilities or children at risk for poor development

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>[Helper] believes I know my needs and strengths.</p> <p>[Helper] tries to understand my concerns.</p> <p>[Helper] seems honest and sincere with me.</p> <p>[Helper] listens to my situation or desires.</p> <p>[Helper] supports me when I make a decision.</p>	5-point scale: 1=Rarely, 2=Seldom, 3=Sometimes, 4=Generally, 5=Almost always.	Helpgiving Practices Scale	Psychometric information available for purchase.	Care Setting: Center (not-specified) Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Parent	<p>How difficult is it for you to make contact with your child's teacher?</p> <p>In general, how often do you go to parent/teacher conferences or open houses at school?</p> <p>You feel welcome to visit your child's school.</p> <p>You enjoy talking with your child's teacher.</p> <p>You feel comfortable talking with your child's teacher about your child.</p>	<p>Very easy, Moderately easy, Slightly easy, Neither easy nor difficult, Slightly hard, Moderately hard, Very hard</p> <p>Never, A few times per year, about once per month, a few times per month, about once per week, a few times per week, every day, Not applicable</p> <p>5-point scale: 1=Not at all, 2=A little, 3=Some, 4= A lot, 5=A great deal</p>	Incredible Years Evaluation: INVOLVE - Parent Questionnaire	<p>45-item, 7-pt likert scale.</p> <p>Alpha coefficients for INVOLVE-P Parent Questionnaire Summary Scales:</p> <p>Parent bonding with school teacher .90 (pre); .90 (post)</p> <p>Satisfaction with Family Service Worker .87 (pre); .90 (post)</p> <p>Involvement with child-importance .88 (pre); .92 (post)</p> <p>Involvement with child-frequency-.82 (pre); .82 (post)</p> <p>Positive family atmosphere .90(pre); .90 (post)</p>	<p>Care Setting: K-12</p> <p>Age Range: 6-12</p> <p>Type of Instrument: Self-Administered Questionnaire</p> <p>These questions may belong better under attitudes.</p>
Parent	<p>In the past year, to what extent do the people who work with your child-</p> <ul style="list-style-type: none"> -suggest therapy plans that fit with your family's needs and lifestyle? -fully explain treatment choices to you? - offer you positive feedback or encouragement (e.g., in carrying out a home program)? - explain things to your child in a way that your child understands? - take the time to establish rapport with you or your child when changes occur in your services? - discuss with you everyone's expectations for your child, so that all agree on what is best? - accept you and your family in a nonjudgmental way? - show sensitivity to your family's feelings about having a child with special needs (e.g., your worries about your child's health or function)? 	(*Indicate how much each event or situation happens to you.*) 8-point scale: 7=To a very great extent, 6= To a great extent, 5= To a fairly great extent, 4= To a moderate extent, 3= To a small extent, 2= To a very small extent, 1=Not at all, 0=Not applicable	Measure of Process of Care	Internal Consistency as assessed by Cronbach's coefficient alpha: Respectful and Supportive Care (9 items) - Pilot Study = .91, Field testing = .92, Reliability re-text = .86. Providing Specific Info about the Child (5 items) - Pilot Study = .81, Field Testing = .82, Reliability re-test = .63. Providing general info (9 items) - Pilot Study = .91, Field Testing = .93, Reliability re-test = .94. Enabling & Partnership (16 items) - Pilot Study = .95, Field Study = .96 Reliability re-test = .86.	<p>Care Setting: Unspecified</p> <p>Age Range: Unspecified</p> <p>Type of Instrument: Self-Administered Questionnaire</p> <p>Special Population: Children with a disability (developmental or physical)</p>
Parent	<p>Do you have any difficulties talking with (PROVIDER/your caregiver at PROVIDER) because you both aren't comfortable speaking the same language?</p> <p>How many times in the past month have you had conversations with (PROVIDER/your caregiver at PROVIDER) on the following issues:</p> <ul style="list-style-type: none"> - your concerns about the child's behavior? - your concerns about something your child's teacher/caregiver is doing with child or group? - your concerns about the child's development? - seeking direction for how to support children's learning at home? <p>(PROVIDER/My caregiver at PROVIDER) is very open to new information and learning.</p>	<p>Yes, No</p> <p>3-point scale: 1=Never, 2=Once or twice, 3=Three or more times</p> <p>5-point scale: 1=Rarely,2=Once or twice, 3=Three or more times</p>	National Study of Early Care and Education, Design Questionnaire for Parents (NSECE)	None available. Survey will not be fielded until 2012.	<p>Care Setting: Unspecified</p> <p>Age Range: 0-18</p> <p>Type of Instrument: Interviewer-Administered Survey</p>

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>To what extent are discussions and inquiry common and accepted practices at all levels of the network?</p> <p>Is information shared and decisions made together?</p> <p>Are problems solved collaboratively?</p> <p>Do leaders provide formal and informal means for all members of the network to raise and solve problems?</p>	Always/yes, In progress, In the plans, No, not yet	Parent Leadership Development Self-Assessment	None available online or internally. Child Trends staff have contacted the author.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Parents participating in child abuse prevention programs
Parent	<p>I was told about my child's progress in a language that I understand and in ways that are respectful to my family and me.</p> <p>The program offers regular parent-teacher conferences at least twice per year to discuss your child's progress.</p> <p>The program has regular opportunities for parents to be involved; for example, volunteering, sharing meal time, reading to children, fundraising, etc.</p> <p>Please tell us if the following is available to you from this provider:</p> <ul style="list-style-type: none"> - I was given information in a language that I understand. - I am told about my child's progress in a language that I understand and in ways that are respectful to my family and me. 	Yes, No, Not sure	Quality for ME: Quality of Child Care Services	Items were adapted from Emlen scales, see Emlen scale psychometrics.	Care Setting: Head Start; Community-based Center; Family Child Care; K-12 Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire; QRIS Special Population: Parent feedback survey for families with children in ECE programs participating in Maine's Quality Rating System
Parent	The care provider is open to new information and learning.	5-point scale: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, or 5=Always	Three-City Study Child Care Interview Protocol	Items on the maternal ratings of child care survey were adapted from Emlen scales, see Emlen scale psychometrics.	Care Setting: Community-based Care; Family Child Care; Family, Friend, or Neighbor care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey
Parent	How would you describe your relationship with the person who cares for your child?	Open-ended	Work-Child Care Fit	Contacted developer to see if psychometric information is available.	Care Setting: Center (not-specified); Family Child Care; Family, Friend or Neighbor Care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey; Qualitative
Parent	<p>I volunteer in my child's classroom.</p> <p>I participate in parent and family social activities with the teacher.</p> <p>I participate in planning classroom activities with the teacher.</p> <p>I talk to the teacher about how my child gets along with his/her classmates at school.</p> <p>I talk with my child's teacher about classroom rules.</p> <p>I talk to my child's teacher about his/her difficulties at school.</p> <p>I talk to my child's teacher about his/her daily routine.</p> <p>The teacher and I write notes about my child or school activities.</p> <p>I talk with my child's teacher on the telephone.</p> <p>I talk with my child's teacher about personal or family matters.</p>	4-point scale: 1=Rarely, 2=Sometimes, 3=Often, 4=Always	Family Involvement Questionnaire	<p>School-Based Involvement (first 3 items - $\alpha=.85$) Home-School Conferencing (second set of items - $\alpha=.81$)</p> <p>"Thirty-five of the forty-two items (85%) loaded appreciably on only one dimension, with only two double-loading and 4 nonloading items" (p. 370).</p> <p>"High levels of congruence (coefficients > .98) were found for like factors in comparison between each subgroup and the large sample" (p. 371).</p>	Care Setting: Head Start; Pre-K; K-12 Age Range: Ages 3-12 Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>Were your ideas valued in planning services for your child?</p> <p>Were your family's values and culture taken into account when planning for your child?</p> <p>Were the needs/circumstances of your family considered in this planning?</p> <p>How much did staff listen to your ideas about ways to change or improve treatment or service planning?</p> <p>How much did staff make changes in the service plan for your child as a result of your suggestions?</p>	4-point scale: 4=A lot, 3=Some, 2=A little, 1=Not at all	Family Participation Measure	Child Trends is contacting author for psychometrics and other missing information.	Care Setting: Center (not-specified) Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Parent	Full item wording is not available.		Parent Caregiver Relationship Scale (PCRS)	Reliability - "Total scales showed high levels of internal consistency", with alpha = .93 for parent scale and .94 for caregiver scale. Test-retest reliability - Family Child Care: r = .80; Center Care: r = .84. Validity - "caregiver PCRA total scores exhibited predicted patterns" in center subsample. In family child care subsample, no sig. correlation.	Care Setting: Center (not-specified); Family Child Care Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire
Parent	Full item wording is not available.		Family Professional Partnership Tool	Piloted 60 items, 5-pt Likert scale; two factors: child-focused relationships, family-focused relationships; revised scale: 18 items; rated on importance and satisfaction; Cronbach's alpha (.93; .96)	Care Setting: Other Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Parent	I am confident that the teachers are sensitive to cultural differences.	4-point scale: 3=Very satisfying, it is easy for me to work with teachers/parents, 2 (Somewhat satisfying, it's OK), 1 (Somewhat unsatisfying, could definitely be improved), or 0 (Very unsatisfying, it is difficult for me to work with teachers/parents).	Trust Scale	Reliability for the Trust Scale, as measured by alpha coefficients, was .90 for teachers and .96 for parents. No additional psychometric information is available from this source.	Care Setting: K-12 Age Range: 6-12 Type of Instrument: Self-Administered Questionnaire
Provider	<p>How often do you talk to (FOCUS PARENT) about (FOCUS CHILD)?</p> <p>With (FOCUS PARENT), how frequently do you talk about:</p> <ul style="list-style-type: none"> - What (FOCUS CHILD) ate that day? - What kin of activities you did with (FOCUS CHILD) during that day (reading, playing ball, painting, playing with dolls, puzzles)? - (FOCUS CHILD)'s routines, such as any toileting, sleeping, and/or eating issues? - How (FOCUS CHILD) got along with the other children that day? - How (FOCUS CHILD) felt that day? - What's happening at home with (FOCUS CHILD)? - What's happening in (FOCUS CHILD)'s life? - What's happening in your life? 	<p>Every day, Two or three times a week, Once a week, Less often, Some other amount of time</p> <p>3-point scale: 0=Never, 1=Sometimes, 2=Often</p>	Child Care Assessment Tool for Relatives (CCAT-R) Interview	<p>Criterion validity; construct validity through factor analysis (factors: nurturing, bi-directional communication, uni-directional communication, engagement); content validity; informal test of concurrent validity w/ FDCRS 4 items</p> <p>No other reliability information is available.</p>	Care Setting: Family Child Care; Family, Friend or Neighbor care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Provider	<p>Do you and your staff-</p> <ul style="list-style-type: none"> - Partner with families to help define their role in their child's care? - Act to support each family's chosen role? - Ask families about any cultural values, beliefs or practices that might relate to their child/youth's care? - Offer trained interpretation (foreign language or sign)? - Share information with families about elements of family-centered and culturally and linguistically competent care? - Honor family's beliefs and practices when developing diagnostic and treatment plans? - Recognize families' schedules and cultural events as important factors related to scheduling appointments? - Respond to families' concerns about proposed scheduling of appointments and procedures? - Honor families' requests for longer appointments to discuss complex issues? - Schedule appointments tailored to the needs of the child/youth and family? (For example, have "no wait" appointments for patients who may have immune system problems or developmental/behavioral issues that make it difficult to sit in the waiting room.) -Discuss which treatment and care choices would be best for the family and child/youth? -Have a process to identify the strengths of families within the practice that they can share with other families? <p>Is there a respectful negotiation process to resolve any disagreement about a child/youth's treatment and care?</p> <p>Does your partnership with families change over time as their experiences, knowledge and skills change?</p> <p>Do you and your staff-</p> <ul style="list-style-type: none"> - offer peer mentoring/support opportunities for families/caregiver to be supported in their changing roles from decision-makers to supporting their children/youth in making decisions? - ask families what is working well? - help families identify area where they may need additional support? - honor families beliefs and practices when developing diagnostics and treatment plans? (This includes respect for diet; customs regarding eating, bathing, dressing; religious rituals related to health; modesty concerns such as gender of the provider, expected roles to gender or generation.) <p>If a family uses alternative and traditional medicine, do you and your staff work with the family to integrate traditional and alternative healing treatments into the child/youth's overall care?</p> <p>Do you and your staff ask about:</p> <ul style="list-style-type: none"> - the family's support network and the role of religion or other cultural supports? - the family's concerns and any stresses or successes they may experience as a caregiver? -depression, domestic violence, substance abuse, housing or food insecurity? 	Never, Some of the time, Most of the time, Always	Family-Centered Care Self-Assessment Tool	Not available online, Child Trends staff has contact author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Provider	How well do you feel you can talk to and be heard by this parent? If you had a problem with this child, how comfortable would you feel talking to his/her parent?	5-point scale: 1=Not at all, 2=A little, 3=Somewhat, 4=Well, 5=Very well 5-point scale: 1=Not at all, 2=A little, 3=Somewhat, 4=Comfortable, 5=Very comfortable	Incredible Years Evaluation: INVOLVE - Teacher Questionnaire	20 items; 5-pt likert scale. Alpha coefficients for INVOLVE-T Teacher Questionnaire Summary Scales Parent involvement in education .91 Parent involvement with school/teacher .84 Parent involvement total .90 Teacher bonding with parent .76	Care Setting: K-12 Age Range: 6-12 Type of Instrument: Self-Administered Questionnaire
Provider	In the last 3 months, how often has a parent talked with you or someone else on your staff about any of the following- - the child's behavior? - something the child's teacher/caregiver is doing with child or group? - the child's development? - how parents can support the children's learning at home? - recent family activities or events?	4-point scale: 1=Never, 2=Monthly, 3=Weekly, 4=Daily	National Study of Early Care and Education Design Questionnaire for Center-Based Care Settings (NSECE) National Study of Early Care and Education Design Questionnaire for Home-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey Care Setting: Family Child Care Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Provider	Full item wording is not available.		Perceptions of Communication Questionnaire	α ranged from .70 to .97 for the three types of communication (one, two, and three-way communication). *The ratio of the parents' agreements/agreements + disagreements was .81" (p. 213). Caregiver rration was .81.	Care Setting: Community-based Center Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Provider	How often do you communicate in the following ways with STUDY CHILD's parents about the child's progress or about things that are going on in the child care arrangement? - written note given to parents? - informal conversation with parents (e.g., at pick up or drop off or while the parent visits)? - telephone calls initiated by you or the parent? - visit with child and parent at home? - parent asks you questions or gives you suggestions about the child? - regularly scheduled parent conference?	5-point scale: 1=Never, 2=1-2 times a year, 3=3-4 times a year, 4=About once a month, 5=Almost every week, 6=More than once per week, 7=Almost every day	NICHD Study of Early Child Care (SECC) - Parent Involvement (Child Care Provider Report)	Psychometrics available for purchase.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Provider	How often has this child's parent called you this school year? How often have you called the child's parent this school year? How often has this child's parent stopped by to talk to you this school year? How often has this child's parent attended a parent-teacher conference this school year? How much is this parent interested in getting to know you? How well do you feel you can talk to and be heard by this parent? If you had a problem with this child, how comfortable would you feel talking to his/her parent about it?	5-point scale: 1=Never, 2=Once or twice a year, 3=Almost every month, 4=Almost every week, 5=More than once per week	Parent and Teacher Involvement Measure	Psychometrics for Parent and Teacher Involvement Measure: Alphas were calculated for 3 factors: Parent comfort and endorsement of school=.93 Parent Involvement=.79 Parent-teacher contact=.68 Correlation between factors Parent comfort and endorsement of school and Parent involvement factors was relatively high (r=.64). Psychometrics for the NICHD study are available for purchase.	Care Setting: K-12 Age Range: Grades 5-8 Type of Instrument: Self-Administered Questionnaire Care Setting: Unspecified Age Range: Unspecified. Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	The teacher communicates with families at least once a month concerning each child's overall progress at school. The school or teacher ask families how they want to be involved in classroom-related activities.	Not applicable - observational scale	Assessment of Practices in Early Elementary Classrooms	Criterion validity: Pearson correlation between measure and Team Observation Measure =.857.	Care setting: K-12 Age Range: K-Grade 3 Type of instrument: Observational and Interviewer administered Special population: Classroom that include children with special needs for at least part of the day
Observer	Teacher schedules individual parent conferences at least 2 times during the year. Teacher makes attempts to respond to parent initiated communication on the same day.	Not applicable - observational scale	Assessment Profile for Early Childhood Programs	Inter-rater reliability: mean - 93 to 95% agreement, range of 83 to 99%, The reliability coefficients for the five scales range from .79 to .98 Path coefficients for year 1 and year 2 for interacting scale are .59 and .52.	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Observational
Observer	The provider speaks the parent's primary language or utilizes resources to communicate.	Not applicable - observational scale	Business Administration Scale for Family Child Care (BAS)	Scale cronbach's alpha: .77 (N=65) interrater reliability: 94% distribution of provider-parent communication item: 55% of respondents got the top score. intercorrelation between this item and other items on the scale ranged from .01 to .38 sig correlation (.44) between item and FCCERS-R measure	Care Setting: Family Child Care Age Range: Unspecified Type of Instrument: Observational; Interview-Administered Survey
Observer	Much sharing of child-related information between parents and staff (Ex. Frequent informal communication; periodic conferences for all children; parent meetings, newsletters, parenting information available).	Not applicable - observational scale	Early Childhood Environmental Rating Scale-Revised (ECERS-R)	Overall the ECERS-R is reliable at the indicator and the item level, and at the level of the total score. The percentage of agreement across the full 470 indicators in the scale is 86.1%. Internal consistency: Parents and Staff =.71, Total=.92 Inter-rater reliability: The correlations between the two observers were .92 product moment correlation (Pearson). The interclass correlation was .92.	Care Setting: Center (not-specified) Age Range: 3-5 Type of Instrument: Observational; Interviewer-Administered Survey
Observer	Full item wording is not available.		Family Provider Interaction Analysis (FPIA)	4 trained subjects rated 3 10-minute videotaped family/provider sessions; face validity (chi-square analysis: significant differences in categories); reliability: rho's (.17-1.0) for intrarater;.01-.77 for interrater	Care Setting: Family-provider session through Let's Play! Project, a federally funded model demonstration project Age Range: 0-2 Type of Instrument: Observational Special Population: Infants and Toddlers w/ special needs
Observer	Home visitor: - gets more information by asking questions. - asks parents about his or her goals. - brainstorm with parent, ways to achieve goals. - is relaxed in interacting with both the parent and the child. - is accepting of the family system. - shows interest in what is happening with the family.	Not applicable - observational scale	Home Visit Rating Scale (HOVRS)	7 scales w/ 7 ratings (HV Responsiveness to Family, Relationship/ Family, Non-Intrusiveness); interrater reliability: greater than .85; predictive validity with the HOME and the PPVT-III	Care Setting: Other Age Range: Unspecified Type of Instrument: Observational
Observer	Teacher is able to describe ways they personally connect with families that indicate personal knowledge of the family situation and an appreciation for the family. Teacher uses a variety of methods (e.g., home visits, phone calls, classroom visits, notes, newsletters) to communicate with family to ensure that an effort is made to connect with all families. Communication systems with families are bi-directional, offering families a mechanism to share information about the family or child with the teacher.	Not applicable - observational scale	Teaching Pyramid Observation Tool	This measure is still undergoing development. Currently, there is a study being conducted to measure the psychometric properties of the TPOT. There is no information about the reliability or validity at this time.	Care Setting: Center (not-specified) Age Range: 3-5 Type of Instrument: Observational

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	Parents made aware of philosophy and approaches practiced (Ex. parent handbook; discipline policy; description of activities; parent orientation meeting). *Materials must be easily understood by all parents. For example, translations provided in languages other than English, if necessary.	Not applicable - observational scale	Infant/Toddler Environmental Rating Scale- Revised (ITERS-R)	Average agreement on the 467 indicators on 39 items in the ITERS-R was 91.65%. Cohen's Kappa was also computed. Across the 39 items, the weighted Kappa was .58. Across the 32 child-related items, the weighted Kappa was .55. Cronbach's alpha: Parents and Staff =.68, Total=.93. Parents and Staff subscale intraclass correlation= 0.92	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Observational; Interviewer-Administered Survey
Observer	Staff seek input from parents about how they are supporting children's development at home and provide parents with additional resources.	Not applicable - observational scale	Preschool Program Quality Assessment-Agency Items	Psychometric information available in: Jurkiewicz, T. C. (2003). The Revised Preschool PQA: Report on Psychometric Properties. Ypsilanti, MI: High/Scope Educational Research Foundation, Research Division. Unpublished paper. This reference is not available online. Contacted developer to obtain information but have not gotten a response.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 3-5 Type of Instrument: Observational
Director/ Administrator	Do teachers schedule meetings with the parents of each child to discuss their child's care and activities? How many times are meetings typically scheduled with parents?	Yes, No Fill in number of times and specify "per year/per month/per week."	Early Childhood Longitudinal Study- Birth Cohort Center Director Questionnaire (ECLS-B)	Per NCES, psychometric data not available for this survey.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 3-5 Type of Instrument: Self-Administered Questionnaire
Director/ Administrator	The center communicates with families in their primary language or utilizes resources as needed to communicate with families.	7-point scale: 7 = Excellent, 5 = Good, 3 = Minimal, 1 = Inadequate	Program Administration Scale (PAS)	Content Validity-reviewed by a panel of 10 ECE experts and 10 administrators, consultants and trainers Interrater reliability-Overall=.90, individual rater agreement=.81 to .95 Concurrent (Criterion) Validity-PAS Family Partnerships subscale correlation with Early Childhood Work Environment Survey Opportunities for Professional Growth subscale=.43 PAS Family Partnerships correlation with Early Childhood Environment Rating Scale-Revised Parents and Staff subscale=.34	Care Setting: Center (not-specified) Age Range: Unspecified Type of Instrument: Observational; Interviewer-Administered Survey

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Director/ Administrator	<p>Parents are invited to visit and observe their children in the classroom.</p> <p>Staff reinforce parent authority by:</p> <ul style="list-style-type: none"> - supporting parents' directions and/or decisions about their child. - talking with parents in a respectful manner about how best to handle the differences in expectations regarding children's behavior. <p>Staff develop personal relationships with parents by taking time to get to know them individually - listening and learning about their interests, families, current activities, and hope and expectations for their child.</p> <p>When staff are concerned about parenting techniques or behavior, they:</p> <ul style="list-style-type: none"> - Proactively and respectfully reach out to parents and share their concerns about the children or about the parents' parenting practices <p>Staff are accepting and supportive of diverse family constellations, i.e. single parents, grandparents, foster parents, gay/lesbian couples, etc.</p>	5-point scale: 5=Strongly agree, 4=Agree, 3=Neither agree nor disagree, 2=Disagree, 1=Strongly Disagree, Not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (Client and social worker)	<p>How much have you and your social worker discussed how you are going to approach your work together?</p> <p>Do you and your social worker work well together?</p> <p>Do you feel your social worker pays attention to you? Does your social worker explain to you his or her understanding of your difficulties?</p> <p>In addition to talking about your difficulties, does your social worker give you the impression that he or she enjoys meeting and talking with you?</p>	5-point Likert scale (additional details not provided)	Helping Relationship Inventory for Social Work Practice	<p>Reliability - The HRI:C (Respondent = Client) structural index had an alpha coefficient of .91, and the interpersonal index had an alpha coefficient of .96. The combined 20-item HRI:C had an alpha coefficient of .96. The HRI:W (Respondent = Social Worker) structural index had an alpha coefficient of .86, and the interpersonal index had an alpha coefficient of .91. The combined 20-item HRI:W had an alpha coefficient of .93. Therefore, both "have high reliability".</p> <p>Validity - HRI was compared to WAI indexes (Working Alliance Inventory), which already established validity (Horvath & Greenberg). High correlations (support the validity" of HRI. The correlation b/t HRI:C and WAI-C is .84.</p>	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (Family's resource facilitator, also known as a case manager)	<p>Were the strengths of your child and family used in the planning and modification of services and supports?</p> <p>Do team members "overrule" your wishes regarding your child?</p> <p>Do people providing professional services understand and respect your family's culture, traditions, lifestyles, and spiritual beliefs?</p>	8-point scale: 0=Low fidelity, 8=High fidelity	Wraparound Fidelity Index (WFI-4)	Reliability: Overall alpha ranged from .83 to .92. Alphas for 10 subscales ranged from .3 to .6, but individual subscale alphas were not provided for the WFI-4.	Care Setting: care services for children with emotional and behavioral disorders Age Range: 4-19 Type of Instrument: Interviewer-Administered Survey
Other (medical staff and non-medical staff)	<p>Practice and family communicate at agreed upon intervals and both agree on "best time and way to contact me"; individual needs prompt week or other special appointments.</p> <p>Communication between the family and the primary care provider occurs as a result of family inquiry.</p> <p>Special needs concerning physical access and other visit accommodations are considered at the time of the appointment and are met if possible.</p> <p>Feedback from families of CSHCN regarding their perception of care is gathered through systematic methods (e.g., surveys, focus groups, or interviews); there is a process for staff to review this feedback and to begin problem solving.</p> <p>Family assessments include pertinent cultural information, particularly about health beliefs; this information is incorporated into care plans; the practice uses these encounters to assess patient & community cultural needs.</p> <p>The primary care provider attempts to overcome obstacles of language, literacy, or personal preferences on a case by case basis when confronted with barriers to care.</p>	Levels 1-4	Medical Home Index: Pediatric	Kappa coefficients of interrater reliability between two Center for Medical Home Improvement project staff were above .50 for all 25 themes. Kappa scores comparing each staff member and the practice sites' self-assessment found 80% of the themes at .65 or better for one interviewer (J.W.M.) and 60% of the themes at .65 or better for the second interviewer (K.S.). The internal consistency reliability standardized alpha coefficients across the 6 domains of the MHI ranged from .81 to .91, and the overall standardized alpha coefficient was .96.	Care Setting: Pediatric medical care setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (nurses)	<p>Sensitivity toward families' perceptions is not an important aspect of my job.</p> <p>Seeking the families' input when making decisions about care is not essential.</p> <p>It is important for me to establish a relationship with the family so they can trust me with their child.</p> <p>Families have a right to say what is important to them in planning care.</p>	5-point scale: 1=Strongly disagree, 5= Strongly agree	Family Nurse Caring Belief Scale (FNCBS)	<p>27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale); criterion validity</p> <p>Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors</p>	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire
Other (Senior leaders such as the Chief Operating Officer and Medical care provider)	<p>Family members are not viewed as visitors; they are always welcome to be with the patient, in accordance with the patient's preference.</p> <p>Patients and families have the opportunity to participate in interdisciplinary meetings to plan care.</p> <p>Staff acknowledge the individuality, culture, capacity, and abilities of each patient and family.</p> <p>Staff collaborate with the patient and family to manage pain.</p> <p>There is continual, open, and honest communication among patients, families, and staff.</p> <p>Written information is provided in primary languages of patients and families served by the hospital.</p>	5-point scale: 1=Not at all, 3=OK, 5=Very Well	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)
Practices: Goal-Oriented Skills -Advocate for and connect families

Definition: Advocate for and connect families is defined by:
o Advocate for and connect families to peer and community supports/resources

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	[The program] connects you with people and services.		Family Outcomes Survey Revised	Cronbach's alpha for full family outcomes scale: .90, but had poor psychometric properties (X2=1,487) Second-order factor showed that five subscale model fit better (X2=752.51) Alphas for the five outcomes subscales (all of which dealt with parent-staff relationships) were .73, .78, .87, .78, .91.	Care Setting: Early intervention program. Age Range: Unspecified (mean age: 25.3 months) Type of Instrument: Self-Administered Questionnaire Special Population: Parents of children with disabilities Full item wording is not available.
Parent	In the past year, to what extent do the people who work with your child: - provide ideas to help you work with the health care "system"? In the past year, to what extent does the organization where you receive services- -give you information about the types of services offered at the organization or in your community? -provide opportunities for the entire family to obtain information? -provide advice on how to get information or to contact other parents (e.g., organization's parent resource library?) - promote family-to-family gatherings for social, informational or shared experiences?	("Indicate how much each event or situation happens to you.") 8-point scale: 7=To a very great extent, 6= To a great extent, 5= To a fairly great extent, 4= To a moderate extent, 3= To a small extent, 2= To a very small extent, 1=Not at all, 0=Not applicable	Measure of Process of Care	Internal Consistency as assessed by Cronbach's coefficient alpha: Respectful and Supportive Care (9 items) - Pilot Study = .91, Field testing = .92, Reliability re-text = .86. Providing Specific Info about the Child (5 items) - Pilot Study = .81, Field Testing = .82, Reliability re-test = .63. Providing general info (9 items) - Pilot Study = .91, Field Testing = .93, Reliability re-test = .94. Enabling & Partnership (16 items) - Pilot Study = .95, Field Study = .96 Reliability re-test = .86.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with a disability (developmental or physical)
Parent	Has a child-care provider ever provided you with or referred you to any of the following services? - health screening, medical, dental, vision, hearing, or speech? - developmental assessments? - counseling services for children or parents? - social services to families such as housing assistance, food stamps, financial aid, or medical care?	Yes, No	National Study of Early Care and Education, Design Questionnaire for Parents (NSECE) National Study of Early Care and Education Design Questionnaire for Home-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Unspecified Age Range: 0-18 Type of Instrument: Interviewer-Administered Survey Care Setting: Family Child Care Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Parent	I was given information about government health insurance program for me and or for my child(ren)/family. I was given information about local health or human services that may be helpful for me and/or my family and me.	Yes, No, Not sure	Quality for ME: Quality of Child Care Services	Items were adapted from Emlen scales, see Emlen scale psychometrics.	Care Setting: Head Start; Community-based Center; Family Child Care; K-12 Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire; QRIS Special Population: Parent feedback survey for families with children in ECE programs participating in Maine's Quality Rating System
Parent	The program staff give me good information about where to go for other services I need. The program staff provide opportunities for me to get to know other parents in the community. The program staff encourage me to go to friends and family when I need help or support.	7-point scale: 1=Strongly disagree, 7=Strongly agree	Strength-Based Practices Inventory	Internal consistency: alphas for subscales ranged from .81 to .92, measure was positively correlated with Parent Empowerment Scale. Predictive validity: strength-based practices at 14-months were not found to be predictive of parent empowerment, social support, and other parent outcomes measured at 24 months.	Care Setting: Head Start Age Range: 0-2 Type of Instrument: Qualitative Special Population: Parents at or below Federal Poverty guidelines

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	Does XX and/or the center ever give you information for yourself such as employment opportunities, education, housing, etc.?	Open-ended	Work-Child Care Fit	Contacted developer to see if psychometric information is available.	Care Setting: Center (not-specified); Family Child Care; Family, Friend or Neighbor Care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey; Qualitative
Provider	Teacher has a procedure for seeking advice and referrals for children suspected of having special needs.	Not applicable - observational scale	Assessment Profile for Early Childhood Programs	Sub-scale alpha not available for relevant items. Interrater agreement: average 86%, median weighted Kappa: .59, construct validity (correlation b/w APEEC and 3 other measures of developmentally appropriate practices) = .67, .55, .61	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Observational
Provider	Do you help parents link to subsidies or give parents information about payment assistance for child care that they may qualify for?	Yes = 1, No = 2, Refuse = RF, Don't know = DK	Early Childhood Longitudinal Study- Birth Cohort Provider Questionnaire (ECLS-B)	Per NCES, psychometric data not available for this survey.	Care Setting: Head Start; Pre-K; Community-based Center; Family Child Care Age Range: 3-5 Type of Instrument: Self-Administered Questionnaire
Provider	Parents referred to other professionals when needed (Ex. for special parenting help, for health concerns about child). What do you do when parents seem to be having difficulties? Do you refer them to other professionals for help?	Not applicable - observational scale	Early Childhood Environmental Rating Scale-Revised (ECERS-R)	Overall the ECERS-R is reliable at the indicator and the item level, and at the level of the total score. The percentage of agreement across the full 470 indicators in the scale is 86.1%. Internal consistency: Parents and Staff = .71, Total = .92 Inter-rater reliability: The correlations between the two observers were .92 product moment correlation (Pearson). The interclass correlation was .92.	Care Setting: Center (not-specified) Age Range: 3-5 Type of Instrument: Observational; Interviewer-Administered Survey
Provider	Do you and your staff: - Help families advocate for services and work to improve systems of care, if they so choose? - Offer peer mentoring/support opportunities for families/caregivers to be supported in their changing roles from decision-makers to supporting their children/youth in making decisions? - Connect families and youth with information and resources to support achieving their vision in ways that respect their cultural beliefs about roles and expectations in adulthood? - Help families find information and educational materials that can easily read or that don't need reading, like videos to watch?	Never, Some of the time, Most of the time, Always	Family-Centered Care Self-Assessment Tool	Not available online or internally. Child Trends staff has contacted author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Provider	Full item wording is not available.		Perceptions of Communication Questionnaire	α ranged from .70 to .97 for the three types of communication (one, two, and three-way communication). "The ratio of the parents' agreements/agreements + disagreements was .81" (p. 213). Caregiver ration was .81.	Care Setting: Community-based Center Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	The provider recommends to all parents with children birth to age 5 that they access community resources that provide developmental screening services.	Not applicable - observational scale	Business Administration Scale for Family Child Care (BAS)	Scale cronbach's alpha: .77 (N=65) interrater reliability: 94% distribution of provider-parent communication item: 55% of respondents got the top score. intercorrelation between this item and other items on the scale ranged from .01 to .38 sig correlation (.44) between item and FCCERS-R measure	Care Setting: Family Child Care Age Range: Unspecified Type of Instrument: Observational; Interview-Administered Survey
Observer	Parents are informed of any need for health care follow-up and are given referrals as necessary.	Not applicable. This is an observational measure.	Child Development Program Evaluation Scale (CDPES)	Total 37 items from 900 items from 4 states (NY, PA, CA, WVA); statistically significant predictors of compliance and quality; face validity with NAEYC and CWLA standards	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Observational Special Population: Includes items for special needs children.
Observer	Parents referred to other professionals when needed (Ex. For special parenting help, for health concerns about child).	Not applicable. These are both observational measures.	Infant/Toddler Environmental Rating Scale- Revised (ITERS-R) Early Childhood Environmental Rating Scale-Revised (ECERS-R)	ITERS-R Psychometrics: Average agreement on the 467 indicators on 39 items in the ITERS-R was 91.65%. Cohen's Kappa was also computed. Across the 39 items, the weighted Kappa was .58. Across the 32 child-related items, the weighted Kappa was .55. Parents and Staff subscale intraclass correlation= 0.92 ECERS-R Psychometrics: Overall, the ECERS-R is reliable at the indicator and the item level, and at the level of the total score. The percentage of agreement across the full 470 indicators in the scale is 86.1%. Inter-rater reliability: The correlations between the two observers were .92 product moment correlation (Pearson). The interclass correlation was .92. Subscale internal consistencies range from .71 to .88 (Parents and staff subscale was .71).	ITERS-R : Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Observational; Interviewer-Administered Survey ECERS-R: Care Setting: Center (not-specified) Age Range: 3-5 Type of Instrument: Observational; Interviewer-Administered Survey
Observer	Children are provided with/referred for diagnostic and/or special education services as needed for suspected or diagnosed disabilities in speech, language, physical, visual, audiological, and social development (and in other areas as needed). Staff work together with parents to locate and access any special education services needed by the child. Staff facilitate access to family services (e.g., staff provide documentation for parents to share with providers; staff make initial phone call to help arrange appointment; staff help families find child care or transportation so that they can use community resources).	Not applicable - observational scale	Preschool Program Quality Assessment-Agency Items	Psychometric information available in: Jurkiewicz, T. C. (2003). The Revised Preschool PQA: Report on Psychometric Properties. Ypsilanti, MI: High/Scope Educational Research Foundation, Research Division. Unpublished paper. This reference is not available online. Contacted developer to obtain information but have not gotten a response.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 3-5 Type of Instrument: Observational
Director/ Administrator	In the last month, how many students or parents have you referred to local agencies or organizations for assistance or information?	6-point scale: 1=More than 20, 2=16-20, 3=11-15, 4=6-10, 5=1-5, 6=None.	Evaluation of The After School Corporation After-School Program Site Coordinator Survey	Not available online, Child Trends staff contacting author.	Care Setting: K-12 Age Range: School-aged children Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Director/ Administrator	<p>The program helps parents set up formal and informal support mechanisms, such as phone trees, car pools, babysitting co-ops, and play groups.</p> <p>The program provides opportunities for families to socialize and foster a sense of community.</p> <p>The program offers or connects families to resources to strengthen relationships between adults, e.g., healthy marriage, communication skills for couples, parents and grandparents, co-parenting, etc.</p> <p>The program connects parents to opportunities that promote:</p> <ul style="list-style-type: none"> - their continued growth and development. - family enrichment, i.e., reading hours at the library, parent-child book groups, and cultural heritage events. - fathers' involvement with their children. - enrichment activities for children. 	5-point scale: 5=Strongly agree, 4=Agree, 3=Neither agree nor disagree, 2=Disagree, 1=Strongly Disagree, Not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Head Start Age Range: 0-2 Type of Instrument: Qualitative Special Population: Parents at or below Federal Poverty guidelines
Other (Medical staff and non-medical staff)	<p>Systematic practice activities foster communication among the practice, family, and external providers such as specialists, schools, and other community professionals for CSHCN; these methods are documented and include information exchange forms or ad hoc meetings with external providers.</p> <p>The practice actively takes into account the overall family impact when a child has a chronic health condition by considering all family members in care; when family requests it, staff will assist them to set up family support connections.</p> <p>The practice team identifies resources to the family for support and advocacy, facilitates the connection, and advocates on a family's behalf to solve specific problems pertinent to CSHCNs.</p>	Levels 1-4	Medical Home Index: Pediatric	Kappa coefficients of interrater reliability between two Center for Medical Home Improvement project staff were above .50 for all 25 themes. Kappa scores comparing each staff member and the practice sites' self-assessment found 80% of the themes at .65 or better for one interviewer (J.W.M.) and 60% of the themes at .65 or better for the second interviewer (K.S.). The internal consistency reliability standardized alpha coefficients across the 6 domains of the MHI ranged from .81 to .91, and the overall standardized alpha coefficient was .96.	Care Setting: Pediatric medical care setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (nurses)	Advocating for the family is not an essential aspect of my professional responsibility.	5-point scale: 1=Strongly disagree, 5= Strongly agree	Family Nurse Caring Belief Scale (FNCBS)	<p>27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale); criterion validity</p> <p>Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors</p>	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)
Practices: Goal-Oriented Skills - Engage in joint goal setting

Definition: Engage in joint goal setting is defined by:

- o Collaborate with and engage families in the program through joint goal setting and decision-making

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	I am able to work with agencies and professionals to decide what services my child needs.	Not true at all, Occasionally true, Somewhat true, True, Very True	Family Empowerment Scale	34-item self-report w/5-pt likert scale; alphas (.87-.88); Pearson's r (.77-.85) for stability; 2 analyses of validity (unspecified) Piloted w/ 94 parents for pre/post evaluation of a family empowerment intervention .	Care Setting: Other Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with emotional disabilities
Parent	In the past year, to what extent do the people who work with your child: - discuss with you everyone's expectations for your child, so that all agree on what is best? - make sure you have opportunities to explain what you think are important treatment goals? - make you feel like a partner in your child's care? - provide opportunities for you to make decisions about treatment? - treat you as an equal rather than just as the parent of a patient (e.g., by not referring to you as "Mom" or "Dad")?	("Indicate how much each event or situation happens to you.") 8-point scale: 7=To a very great extent, 6= To a great extent, 5= To a fairly great extent, 4= To a moderate extent, 3= To a small extent, 2= To a very small extent, 1=Not at all, 0=Not applicable	Measure of Process of Care	Internal Consistency as assessed by Cronbach's coefficient alpha: Respectful and Supportive Care (9 items) - Pilot Study = .91, Field testing = .92, Reliability re-text = .86. Providing Specific Info about the Child (5 items) - Pilot Study = .81, Field Testing = .82, Reliability re-test = .63. Providing general info (9 items) - Pilot Study = .91, Field Testing = .93, Reliability re-test = .94. Enabling & Partnership (16 items) - Pilot Study = .95, Field Study = .96 Reliability re-test = .86.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with a disability (developmental or physical)
Parent	Does your center have a process for working with families to set goals for their preschoolers? Does your center have a process for working with families to set goals for your family?	Yes, No	Partnership Impact Research Study Parent Questionnaires	None available online or internally. Child Trends staff have contacted the author.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: Preschool aged children Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>How much did staff listen to your ideas about ways to change or improve treatment or service planning?</p> <p>How much did staff make changes in the service plan for your child as a result of your suggestions?</p> <p>Were your ideas valued in planning services for your child?</p>	4-point scale: 4=A lot, 3=Some, 2=A little, 1=Not at all	Family Participation Measure	Child Trends is contacting author for psychometrics and other missing information.	Care Setting: Center (not-specified) Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Provider	<p>Do you and your staff:</p> <ul style="list-style-type: none"> - Partner with families to help define their role in their child's care? - Work in partnership with families/youth to make health care decisions? - Honor the family's request about how much they want their child involved in decision-making? <p>Is there a respectful negotiation process to resolve any disagreements about a child/youth's treatment and care?</p>	Never, Some of the time, Most of the time, Always	Family-Centered Care Self-Assessment Tool	Not available online, Child Trends staff has contact author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Observer	<p>Caregiver uses parent's knowledge of children in planning, evaluation, and assessment.</p> <p>Caregivers work in partnership with families to assist in child's development.</p>	Not applicable - observational scale	Child and Caregiver Interaction Scale (CCIS)	Reliability: Cronbach's alpha = .938, Corrected Item-Total Correlation > .50 for all but one item Concurrent validity correlation between CCIS and Environmental Rating Scale (ERS) =.74 Corrected Item-Total Correlation for parent and staff subscale: .643	Care Setting: Center (not-specified); Family, Friend or Neighbor care Age Range: 0-12 Type of Instrument: Observational
Observer	<p>Home visitor:</p> <ul style="list-style-type: none"> - brainstorms with parent ways to achieve goals. 	Not applicable - observational scale	Home Visit Rating Scale (HOVRS)	7 scales w/ 7 ratings (HV Responsiveness to Family, Relationship/ Family, Non-Intrusiveness); interrater reliability: greater than .85; predictive validity with the HOME and the PPVT-III	Care Setting: Other Age Range: Unspecified Type of Instrument: Observational

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	Families participate in developing or have significant influence on school policies. Families participate in developing or have significant influence on school decision-making.	Never, Seldom, Sometimes, Often, Always, Don't know	Ready School Assessment (RSA)	Internal consistency reliability alphas: Family, School, and Community Partnerships=.88 Family Involvement in School=.79 Parent-School Communication=.77 Outreach=.84	Care Setting: K-12 Age Range: 6-12 Type of Instrument: Observational; Self-Administered Questionnaire; Interviewer-Administered Survey
Observer	Teacher involves families in the process of developing a support plan for addressing challenging behaviors. Teacher works with families to develop strategies that families can use at home to address their concerns about their child's social emotional development. Procedures and materials for teaching problem solving vary across children based on their individual goals and needs.	Not applicable - observational scale	Teaching Pyramid Observation Tool	This measure is still undergoing development. Currently, there is a study being conducted to measure the psychometric properties of the TPOT. There is no information about the reliability or validity at this time.	Care Setting: Center (not-specified) Age Range: 3-5 Type of Instrument: Observational
Observer	Families are included in planning and decision-making for the program.	Not applicable - observational scale	Qualistar Rating Criteria Chart	None available. This tool is used in Colorado to evaluate programs participating in the Colorado quality rating and improvement system.	Care Setting: Head Start; Pre-K; Community-based Center; Center (not-specified); Family Child Care Age Range: 0-5 Type of Instrument: QRIS Special Population: Quality Rating and Improvement System for Colorado's child care centers/FCC homes
Director/Administrator	The program develops family plans with parents that: - identify their interests, skills, needs and goals for themselves and their children. - are regularly revised and updated in conjunction with families. Staff share parenting tips and discuss parenting issues with parents when: - a parent appears to be frustrated or stressed and in need of support. - a parent appears to be having a difficulty relating to or communicating with their child(ren). - child behavior or development issues arise. If staff are concerned about a child's social and emotional development, they: -Connect the family to resources that can support the child's social and emotional development (such as play therapy, mental health services, or parenting classes).	5-point scale: 5=Strongly agree, 4=Agree, 3=Neither agree nor disagree, 2=Disagree, 1=Strongly Disagree, Not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (Client and social worker)	<p>How much have you and your social worker discussed how you are going to approach your work together? How clear are you about what is expected in your work together?</p> <p>How much input have you had in determining how the two of you will work together?</p> <p>How much have you and your social worker discussed the specific problem(s) with which you want help?</p> <p>How much input have you had in determining the goals you are working on?</p> <p>To what extent have you and your social worker discussed the specific actions you will take to address your difficulties?</p> <p>How much have you and your social worker discussed how your progress is going to be assessed?</p>	5-point Likert scale (additional details not provided)	Helping Relationship Inventory for Social Work Practice	<p>Reliability - The HRI:C (Respondent = Client) structural index had an alpha coefficient of .91, and the interpersonal index had an alpha coefficient of .96. The combined 20-item HRI:C had an alpha coefficient of .96. The HRI:W (Respondent = Social Worker) structural index had an alpha coefficient of .86, and the interpersonal index had an alpha coefficient of .91. The combined 20-item HRI:W had an alpha coefficient of .93. Therefore, both "have high reliability."</p> <p>Validity - HRI was compared to WAI indexes (Working Alliance Inventory), which already established validity (Horvath & Greenberg). High correlations (support the validity" of HRI. The correlation b/t HRI:C and WAI-C is .84.</p>	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (Medical staff and non-medical staff)	<p>The primary care provider and family set goals for referrals and communicate these to specialists; together they clarify comanagement roles among family, primary care provider and specialists and determine how specialty feedback to the family and primary care provider is expressed, used and shared.</p> <p>Families are regularly asked what care supports they need, treatment decisions are made jointly with the primary care provider.</p> <p>The child with special needs, family, and the primary care provider review current child health status and anticipate problems or needs; they create/revise action plans and allocate responsibilities at least 2 times per year or at individualized intervals.</p>	Levels 1-4	Medical Home Index: Pediatric	Kappa coefficients of interrater reliability between two Center for Medical Home Improvement project staff were above .50 for all 25 themes. Kappa scores comparing each staff member and the practice sites' self-assessment found 80% of the themes at .65 or better for one interviewer (J.W.M.) and 60% of the themes at .65 or better for the second interviewer (K.S.). The internal consistency reliability standardized alpha coefficients across the 6 domains of the MHI ranged from .81 to .91, and the overall standardized alpha coefficient was .96	Care Setting: Pediatric medical care setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (Nurses)	<p>Seeking the family's input when making decisions about care is not essential.</p> <p>Families have the right to say what is important to them in planning care.</p> <p>It is my responsibility to change my plan of care over time to incorporate what the family feels is right for them given their perspective of the situation with the child.</p>	5-point scale: 1=Strongly disagree, 5= Strongly agree	Family Nurse Caring Belief Scale (FNCBS)	<p>27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale); criterion validity</p> <p>Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors</p>	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire
Other (Senior leaders, such as the Chief Operating Officer and Medical care provider)	<p>Leaders of the organization, through words and actions, encourage and support patient and family collaboration at all levels of care: - in strategic planning and facility planning.</p> <p>Patients' and families' goals are included in the medical record/chart.</p>	5-point scale: 1=Not at all, 3=OK, 5=Very Well	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (medical staff)	Full item wording is not available. There should also be a parent and direct/administrator survey.		Pediatric Patient-Family-Centered Care Benchmarking Survey	<p>Cronbach α for Subscales</p> <p>Togetherness (degree to which hospitals allow families to remain together)</p> <p>Togetherness during normal times=.82</p> <p>Togetherness during critical times=.76</p> <p>Family Participation and Involvement=.90</p> <p>Family Involvement in Hospital=.93</p> <p>Children Involvement in Hospital=.92</p>	<p>Care Setting: Hospital setting</p> <p>Age Range: Unspecified</p> <p>Type of Instrument: Self-Administered Questionnaire</p>

Family-Provider Relationship Quality (FPRQ)
Practices: Goal-Oriented Skills- Empower families to advocate for themselves

Definition: Empower families to advocate for themselves is defined by:
o Particularly in the transition to other ECE arrangements, school, or when trying to obtain social services

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	[The staff member] encourages me to speak up during meetings with professionals when there is something I want to say. [The staff member] helps us get all the information we want and/or need. [The staff member] helps my family get services from other agencies or programs as easily as possible.	5-point scale: 1=Never performs this behavior and 5=Always performs the behavior. It also notes to circle "0" if you have not had a chance to observe how the staff member acts.	Family-Centered Behavior Scale	Cronbach's alpha coefficient: .97 (N=133), test-retest correlation was .96, and after items removed, 26-item scale had a .98 alpha	Care Setting: Unspecified Age Range: Unspecified (mean age: 10.7) Type of Instrument: Self-Administered Questionnaire Special Population: Special needs children
Parent	[Helper] encourages me to use my capabilities and knowledge to get resources. [Helper] gives me information about resources and available options. [Helper] works with me to get needed resources. [Helper] helps me learn new skills to deal effectively with my life challenges.	5-point scale: 1=Rarely, 2=Seldom, 3=Sometimes, 4=Generally, 5=Almost always.	Helpgiving Practices Scale	Psychometric information available for purchase.	Care Setting: Center (not-specified) Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Parent	The program staff help me to use my own skills and resources to solve problems. The program staff help me to see strengths in myself I didn't know I had	7-point scale: 1=Strongly disagree, 7=Strongly agree	Strength-Based Practices Inventory	Internal consistency: alphas for subscales ranged from .81 to .92, measure was positively correlated with Parent Empowerment Scale. Predictive validity: strength-based practices at 14-months were not found to be predictive of parent empowerment, social support, and other parent outcomes measured at 24 months.	Care Setting: Head Start Age Range: 0-2 Type of Instrument: Qualitative Special Population: Parents at or below Federal Poverty guidelines
Provider	Do you and your staff: - Help families advocate for services and work to improve systems of care, if they so choose? - Encourage families to initiate consultation appointments or other meetings to discuss changes in their child's care, for example, changes in medications, or other daily procedures? In preparation for transition, do you and your staff: - have a process to share information with adult care providers including: current care plans, transition plans, medical records, key health issues and current family and youth roles in managing care? - have a formal mechanism to identify adult health care providers for youth in transition?	4-point scale: Never, Some of the time, Most of the time, Always	Family-Centered Care Self-Assessment Tool	Not available online, Child Trends staff has contact author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (Senior leaders such as the Chief Operating Officer and Medical care provider)	Policies and practices encourage patient and family involvement in decision-making regarding their health care.	5-point scale: 1=Not at all, 3=OK, 5=Very Well.	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)
Practices: Goal-Oriented Skills - Provide Child-Specific Information

Definition: Provide Child-Specific Information is defined by:

o Sharing information related to the individual child related to the child's development or family supports

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	[The staff member] suggests things that we can do for our child that fit into our family's daily life.	5-point scale: 1=Never performs this behavior and 5=Always performs the behavior. It also notes to circle "0" if you have not had a chance to observe how the staff member acts.	Family-Centered Behavior Scale	Cronbach's alpha coefficient: .97 (N=133), test-retest correlation was .96, and after items removed, 26-item scale had a .98 alpha	Care Setting: Unspecified Age Range: Unspecified (mean age: 10.7) Type of Instrument: Self-Administered Questionnaire Special Population: Special needs children
Parent	I make sure that professionals understand my opinions about my child's needs. I tell professionals what I think about services being provided to my child.	5-point scale: Not true at all, Occasionally true, Somewhat true, True, Very true	Family Empowerment Scale	34-item self-report w/5-pt likert scale; alphas (.87-.88); Pearson's r (.77-.85) for stability; 2 analyses of validity (unspecified) Piloted w/ 94 parents for pre/post evaluation of a family empowerment intervention	Care Setting: Other Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with emotional disabilities
Parent	Full item wording is not available.	5-point scale: 1=Not at all, 2=A little, 3=Somewhat, 4=Almost, 5=Completely	Family Outcomes Survey-Revised	Cronbach's alpha for full family outcomes scale: .90, but had poor psychometric properties ($X^2=1,487$) Second-order factor showed that five subscale model fit better ($X^2=752.51$) Alphas for the five outcomes subscales (all of which dealt with parent-staff relationships) were .73, .78, .87, .78, .91	Care Setting: Early intervention program. Age Range: Unspecified (mean age: 25.3 months) Type of Instrument: Self-Administered Questionnaire Special Population: Parents of children with disabilities
Parent	In the past year, to what extent do the people who work with your child- - explain things to your child in a way that your child understands? - let you choose when to receive information and the type of information you want? - remember personal details about your child or family when speaking with you? - tell you details about your child's services, such as the reasons for them, the type of therapies and the length of time?	("Indicate how much each event or situation happens to you.") 8-point scale: 7=To a very great extent, 6= To a great extent, 5= To a fairly great extent, 4= To a moderate extent, 3= To a small extent, 2= To a very small extent, 1=Not at all, 0=Not applicable	Measure of Process of Care	Internal Consistency as assessed by Cronbach's coefficient alpha: Respectful and Supportive Care (9 items) - Pilot Study = .91, Field testing = .92, Reliability re-test = .86. Providing Specific Info about the Child (5 items) - Pilot Study = .81, Field Testing = .82, Reliability re-test = .63. Providing general info (9 items) - Pilot Study = .91, Field Testing = .93, Reliability re-test = .94. Enabling & Partnership (16 items) - Pilot Study = .95, Field Study = .96 Reliability re-test = .86.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with a disability (developmental or physical)
Parent	Staff are familiar with family needs (e.g., staff conduct or have access to needs assessments, intake interviews, or other information-gathering activities with families)	Not applicable- observational scale	Preschool Program Quality Assessment-Agency Items	Psychometric information available in: Jurkiewicz, T. C. (2003). The Revised Preschool PQA: Report on Psychometric Properties. Ypsilanti, MI: High/Scope Educational Research Foundation, Research Division. Unpublished paper. This reference is not available online. Contacted developer to obtain information but have not gotten a response.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 3-5 Type of Instrument: Observational

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	My child's teacher and I share information about my child.	Always true, Often true, Sometimes true, Never true	Partnership Impact Research Study Parent Questionnaires	None available online or internally. Child Trends staff have contacted the author.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: Preschool aged children Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	The program offers daily written communication about your child's day.	Yes, No, Not sure	Quality for ME: Quality of Child Care Services	Items were adapted from Emlen scales, see Emlen scale psychometrics.	Care Setting: Head Start; Community-based Center; Family Child Care; K-12 Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire; QRIS Special Population: Parent feedback survey for families with children in ECE programs participating in Maine's Quality Rating System
Parent	You and the childcare provider share information.	5-point scale: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, or 5=Always	Three-City Study Child Care Interview Protocol	Items on the maternal ratings of child care survey were adapted from Emlen scales, see Emlen scale psychometrics.	Care Setting: Community-based Care; Family Child Care; Family, Friend, or Neighbor care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey
Parent	Does XX and/or the center ever give you advice about how to raise your child (e.g., personal, informal advice about childrearing, medical opinion)?	Open-ended	Work-Child Care Fit	Contacted developer to see if psychometric information is available.	Care Setting: Center (not-specified); Family Child Care; Family, Friend or Neighbor Care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey; Qualitative
Parent	I am confident that teachers: - are doing a good job keeping me well-informed of my child's progress. - are doing a good job encouraging my participation in my child's education. - keep me aware of all the information I need related to school.	4-point scale: 0=Strongly disagree, 1=Disagree, 2=Agree, 3=Strongly agree	Trust Scale	Reliability for the Trust Scale, as measured by alpha coefficients, was .90 for teachers and .96 for parents. No additional psychometric information is available from this source.	Care Setting: K-12 Age Range: Parents of students enrolled in kindergarten through 12th grade Type of Instrument: Self-Administered Questionnaire
Parent	I talk to the teacher about how my child gets along with his/her classmates at school. I talk to my child's teacher about his/her difficulties at school. I talk to my child's teacher about his/her daily routine. The teacher and I write notes about my child or school activities.	4-point scale: 1=Rarely, 2=Sometimes, 3=Often, 4=Always	Family Involvement Questionnaire	School-Based Involvement ($\alpha=.85$) Home-Based Involvement ($\alpha=.85$) Home-School Conferencing ($\alpha=.81$) "Thirty-five of the forty-two items (85%) loaded appreciably on only one dimension, with only two double-loading and 4 nonloading items" (p. 370). "High levels of congruence (coefficients > .98) were found for like factors in comparison between each subgroup and the large sample" (p. 371).	Care Setting: Head Start; Pre-K; K-12 Age Range: Ages 3-12 Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Provider	<p>With (focus parent), how frequently do you talk about-</p> <ul style="list-style-type: none"> - What (FOCUS CHILD) ate that day? - What kind of activities you did with (FOCUS CHILD) during that day (reading, playing ball, painting, playing with dolls, puzzles)? - (FOCUS CHILD)'s routines, such as any toileting, sleeping, and/or eating issues? - How (FOCUS CHILD) got along with other child that day? - How (FOCUS CHILD) felt that day? (PROBE: If he was sad, fussy, calm)? - What happened at home with (FOCUS CHILD)? 	3-point scale: 0=Never, 1=Sometimes, 2=Often	Child Care Assessment Tool for Relatives (CCATR) Interview	<p>Criterion validity; construct validity through factor analysis (factors: nurturing, bi-directional communication, uni-directional communication, engagement); content validity; informal test of concurrent validity w/ FDCRS 4 items</p> <p>No other reliability information is available.</p>	<p>Care Setting: Family Child Care; Family, Friend or Neighbor care</p> <p>Age Range: 0-5</p> <p>Type of Instrument: Interviewer-Administered Survey</p>
Provider	<p>Do you and your staff:</p> <ul style="list-style-type: none"> - Talk about the range of treatment and care choices for the child/youth? - Discuss which treatment and care choices would be best for the family and child/youth? - Have a process to share information with adult care provider including: current care plans, transition plans, medical records? 	4-point scale: Never, Some of the time, Most of the time, Always	Family-Centered Care Self-Assessment Tool	Not available online, Child Trends staff has contact author and is awaiting a response.	<p>Care Setting: Unspecified</p> <p>Age Range: Unspecified</p> <p>Type of Instrument: Self-Administered Questionnaire</p>

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Provider	Full item wording is not available.		Family Professional Partnership Tool	Piloted 60 items, 5-pt Likert scale; two factors: child-focused relationships, family-focused relationships; revised scale: 18 items; rated on importance and satisfaction; Cronbach's alpha (.93; .96)	Care Setting: Other Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Provider	Much sharing of child-related information between parents and staff (ex. Frequent informal communication, periodic conferences for all children, parent meetings, newsletters, parenting information available on health safety, and child development).	Not applicable - observational scale	Infant/Toddler Environmental Rating Scale- Revised (ITERS-R)	Average agreement on the 467 indicators on 39 items in the ITERS-R was 91.65%. Cohen's Kappa was also computed. Across the 39 items, the weighted Kappa was .58. Across the 32 child-related items, the weighted Kappa was .55. Cronbach's alpha: Parents and Staff =.68, Total=.93. Parents and Staff subscale intraclass correlation= 0.92	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Observational; Interviewer-Administered Survey
Provider	As a part of your child care activities, how often do you or your staff have conversations with parents of children you care for on these issues: - parents' worries about getting or keeping a job? - parents' ability to meet their children's basic needs (food, shelter, health care)? - stress parents are feeling? - problems parents are having in their relationships with partners or family members?	5-point scale: 1=Daily, 2=3-4 times/week, 3=1-2 times a week, 4=1-2 times per month, 5=Every few months	National Study of Early Care and Education Design Questionnaire for Center-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Provider	As a part of your child care activities, how often do you have conversations with parents of children you care for on these issues: - parents' worries about getting or keeping a job? - parents' ability to meet their children's basic needs (food, shelter, health care)? - stress parents are feeling? - problems parents are having in their relationships with partners or family members?	5-point scale: 1=Daily, 2=3-4 times/week, 3=1-2 times a week, 4=1-2 times per month, 5=Every few months	National Study of Early Care and Education Design Questionnaire for Home-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Family Child Care Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Observer	The teacher communicates with families at least once a month concerning each child's overall progress at school.	Not applicable - observational scale	Assessment of Practices in Early Elementary Classrooms	Interrater agreement: average 86%, median weighted Kappa: .59, construct validity (correlation b/w APEEC and 3 other measures of developmentally appropriate practices) =.67, .55, .61	Care setting: K-12 Age Range: K-Grade 3 Type of Instrument: Observational and Interviewer administered Special population: Classroom that include children with special needs for at least part of the day
Observer	Provider greets the parents at arrival and/or departure times and is available for the parent to verbally share information about the child's needs for the day. Provider shares information daily with parents regarding the child's learning and social experience while in care either verbally or written. At least one time a year the Provider schedules an individualized parenting meeting, at which the child is not present, for the purpose of sharing child-specific information (such as developmental progress, social relations, special likes and/or fears, future plans).	Not applicable - observational scale	Assessment Profile for Family Child Care Homes	Not available online or internally, Child Trends staff contacting author.	Care Setting: Family Child Care Age Range: Unspecified Type of Instrument: Observational

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	<p>Child assessment information is available and shared during individual parent conferences.</p> <p>Provider greets the parents at arrival and/or departure times and is available for the parent to verbally share information about the child's needs for the day.</p> <p>Parents are able to reach the Provider by phone or message system during the time their children are in care.</p>	Not applicable - observational scale	Assessment Profile for Early Childhood Programs	<p>Inter-rater reliability: mean - 93 to 95% agreement, range of 83 to 99%, The reliability coefficients for the five scales range from .79 to .98</p> <p>Path coefficients for year 1 and year 2 for Interacting scale are .59 and .52.</p>	<p>Care Setting: Center (not-specified)</p> <p>Age Range: 0-12</p> <p>Type of Instrument: Observational</p>
Observer	Provider keeps parents regularly informed on children's activities and interests in the setting.	Not applicable - observational scale	Child/Home Early Language and Literacy Observation (CHELLO)	<p>Interrater reliability: 91% for both scales, cronbach's alpha ranged from .82 for literacy environment checklist to .97 for group/family observation.</p> <p>total scores for the Literacy Environment were significantly correlated with each summary score on the Observation ($r = .67$, $r = .33$, and $r = .47$, respectively for the Physical Environment for Learning, Support for Learning, and Teaching Strategies). Total scores for the Literacy Environment and the Group/Family Observation were correlated ($r = .52$).</p>	<p>Care Setting: Family Child Care</p> <p>Age Range: 0-5</p> <p>Type of Instrument: Observational; Interviewer-Administered Survey</p>
Observer	Caregiver's use parent's knowledge of children in planning, evaluation, and assessment.	Not applicable - observational scale	Child and Caregiver Interaction Scale (CCIS)	<p>Reliability: Cronbach's alpha = .938, Corrected Item-Total Correlation > .50 for all but one item</p> <p>Concurrent validity correlation between CCIS and Environmental Rating Scale (ERS) = .740</p> <p>Corrected Item-Total Correlation for parent and staff subscale: .643</p>	<p>Care Setting: Center (not-specified); Family, Friend or Neighbor care</p> <p>Age Range: 0-12</p> <p>Type of Instrument: Observational</p>
Observer	Full item wording is not available.		Family Provider Interaction Analysis (FPIA)	4 trained subjects rated 3 10-minute videotaped family/provider sessions; face validity (chi-square analysis: significant differences in categories); reliability: rho's (.17-1.0) for intrarater; .01-.77 for interrater	<p>Care Setting: Family-provider session through Let's Play! Project, a federally funded model demonstration project</p> <p>Age Range: 0-2</p> <p>Type of Instrument: Observational</p> <p>Special Population: Infants and Toddlers w/ special needs</p>
Observer	<p>Home visitor:</p> <ul style="list-style-type: none"> - provides information on child development related to the child and his or her family. - notes child's developmental level and gives feedback to parent. 	Not applicable - observational scale	Home Visit Rating Scale (HOVRS)	7 scales w/ 7 ratings (HV Responsiveness to Family, Relationship/ Family, Non-Intrusiveness); interrater reliability: greater than .85; predictive validity with the HOME and the PPVT-III	<p>Care Setting: Other</p> <p>Age Range: Unspecified</p> <p>Type of Instrument: Observational</p>
Observer	Staff and parents frequently interact informally to update each other about the child's recent experiences (e.g., conversing during drop-off and pick-up times, bringing in or sending home things that the child has made, sending notes, making calls).	Not applicable - observational scale	Preschool Program Quality Assessment-Agency Items	This reference is not available online. Contacted developer to obtain information but have not gotten a response.	<p>Care Setting: Head Start; Pre-K; Community-based Center</p> <p>Age Range: 3-5</p> <p>Type of Instrument: Observational</p>
Observer	<p>The program shares information with families regularly about their child's activities, interests, and behavior in the program.</p> <p>The program provides information and activities to families to extend children's learning experiences to home.</p>	Not applicable - observational scale	Qualistar Rating Criteria Chart	None available. This tool is used in Colorado to evaluate programs participating in the Colorado quality rating and improvement system.	<p>Care Setting: Head Start; Pre-K; Community-based Center; Center (not-specified); Family Child Care</p> <p>Age Range: 0-5</p> <p>Type of Instrument: QRIS</p> <p>Special Population: Quality Rating and Improvement System for Colorado's child care centers/FCC homes</p>

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	Teachers consistently and effectively utilize multiple methods of school-to-home communication to provide families with ongoing information about school programs and children's progress and problems (e.g., newsletters, bulletin boards, notes, journals, telephone calls, email, Web sites, family resource rooms, home visits, face-to-face interactions).	Never, Seldom, Sometimes, Often, Always, Don't know	Ready School Assessment (RSA)	Factor loadings for Family, School, and Community Partnership indicators: Outreach, Parent-School Communication, Family Involvement in School (for specific loadings: http://www.readyschoolassessment.org/about/RSADecisionMakerInformation.pdf pg. 16) Internal consistency reliability alphas: Family, School, and Community Partnerships=.88 Family Involvement in School=.79 Parent-School Communication=.77 Outreach=.84	Care Setting: K-12 Age Range: 6-12 Type of Instrument: Observational; Self-Administered Questionnaire; Interviewer-Administered Survey
Observer	Teacher is able to describe ways they personally connect with families that indicate personal knowledge of the family situation and an appreciation for the family.	Not applicable - observational scale	Teaching Pyramid Observation Tool	This measure is still undergoing development. Currently, there is a study being conducted to measure the psychometric properties of the TPOT. There is no information about the reliability or validity at this time.	Care Setting: Center (not-specified) Age Range: 3-5 Type of Instrument: Observational
Director/ Administrator	Do teachers schedule meetings with the parents of each child to discuss their child's care and activities? Not including lesson plans that are given to parents in advance of activities, how often to parents receive written letters describing the play and learning activities that took place in the child's classroom?	Yes, No Daily, A few times a week, Once a week, Less than once a week, About once a month, Less than once a month, Never	Early Childhood Longitudinal Study- Birth Cohort Center Director Questionnaire (ECLS-B)	Per NCES, psychometric data not available for this survey.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 3-5 Type of Instrument: Self-Administered Questionnaire
Director/ Administrator	The family's perspective about child-rearing and cultural practices is solicited during parent meetings or conferences to create or maintain open communication.	Not applicable - observational scale	Program Administration Scale (PAS)	Content Validity-reviewed by a panel of 10 ECE experts and 10 administrators, consultants and trainers Interrater reliability-Overall=.90, individual rater agreement=.81 to .95 Concurrent (Criterion) Validity-PAS Family Partnerships subscale correlation with Early Childhood Work Environment Survey Opportunities for Professional Growth subscale=.43 PAS Family Partnerships correlation with Early Childhood Environment Rating Scale-Revised Parents and Staff subscale=.34	Care Setting: Center (not-specified) Age Range: Unspecified Type of Instrument: Observational; Interviewer-Administered Survey
Director/ Administrator	Staff reinforce parental authority by: - learning about the parent's expectations and limits for their child. - supporting parents' direction and/or decision about their child. -being careful not to contradict a parent in front of his or her child or other children. Staff reinforce positive parenting by: - noticing when parents are attuned to their children's needs or communicating effectively with their children. Family activities provide opportunities to strengthen bonds between parents and their children- for example, listening to each other, playing together, and cooperative games, such as "feeling charades." For parents of children with special needs, staff: -check in with parents about the impact their children's special needs are having on family dynamics and parental stress. Staff proactively respond to signs of parent or family distress by: -being sensitive and responsive to the impact of family stress on children. Staff coach parents about how to interact effectively with their children (listening; appreciating ideas, efforts, and feelings; creating a non-threatening environment)	5-point scale: 5=Strongly agree, 4=Agree, 3=Neither agree nor disagree, 2=Disagree, 1=Strongly Disagree, Not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Director/ Administrator	Teachers share information about individual children's interests and emerging skills, and offer individually tailored recommendations during parent-child conferences, and other times (e.g., parent comes to pick child up and is told how much a child enjoyed a particular book).	Not applicable - observational scale	Supports for Early Literacy Assessment	Summary of General psychometrics: Interrater reliability-Lamy (2004) reported that the average IRR was .98 for the modified SELA. Internal Consistency-In a study of a random sample of 310 pre-school classrooms in Abbott County New Jersey, Lamy et al. (2004) used a modified version of the SELA that eliminated 5 items that overlapped with the ECERS-R. Cronbach's alpha=.92 Criterion Validity-Lamy (2004, as cited in Barnett, Yarosz, Thomas, & Blanco, undated) found that the correlation between SELA and ECERS-R total scores was .75.1	Care Setting: Pre-K; Community-based Care Age Range: 3-5 Type of Instrument: Observational; Interviewer-Administered Survey
Other (Senior leaders such as the Chief Operating Officer and Medical care provider)	Individualized and understandable follow-up instructions are provided to patients from: - in patient areas.	5-point scale: 1=Not at all, 3=OK, 5=Very well	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (medical staff)	Full item wording is not available. There should also be a parent and direct/administrator survey.		Pediatric Patient-Family-Centered Care Benchmarking Survey	Cronbach α for Subscales Togetherness (degree to which hospitals allow families to remain together) Togetherness during normal times=.82 Togetherness during critical times=.76 Family Participation and Involvement=.90 Family Involvement in Hospital=.93 Children Involvement in Hospital=.92	Care Setting: Hospital setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

**Family-Provider Relationship Quality (FPRQ)
Environment: Welcoming Environment**

Definition: Invitational and Welcoming Environment is defined by:

o Open door policy, inviting parents to participate, encouraging parent input into educational programming, including parents on advisory boards

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	Families are included in planning and decision-making for the program. Families have a variety of opportunities available to take part in their child's program. (asked on Family Questionnaire only)	1-10 points	Qualistar Rating Criteria Chart	None available. This tool is used in Colorado to evaluate programs participating in the Colorado quality rating and improvement system.	Care Setting: Head Start; Pre-K; Community-based Center; Center (not-specified); Family Child Care Age Range: 0-5 Type of Instrument: QRIS Special Population: Quality Rating and Improvement System for Colorado's child care centers/FCC homes
Parent	School personnel make me feel inadequate or unwelcome as a parent. You feel welcome to visit your child's school. How difficult is it for you to make contact with your child's teacher?	5-point scale: 1 = Strongly agree, 2 = Agree, 3 = Neither agree nor disagree, 4 = Disagree, 5 = Strongly disagree 5-point scale: 1 = Not at all, 2 = A little, 3 = Some, 4 = A lot, 5 = A great deal Very easy, moderately easy, slightly easy, neither easy nor difficult, slightly hard, moderately hard, very hard	Incredible Years Evaluation: INVOLVE - Parent Questionnaire	45-item, 7-pt likert scale. Alpha coefficients for INVOLVE-P Parent Questionnaire Summary Scales: Parent bonding with school teacher .90 (pre); .90 (post) Satisfaction with Family Service Worker .87 (pre); .90 (post) Involvement with child-importance .88 (pre); .92 (post) Involvement with child-frequency-.82 (pre); .82 (post) Positive family atmosphere .90(pre); .90 (post)	Care Setting: K-12 Age Range: 6-12 Type of Instrument: Self-Administered Questionnaire
Parent	Full item wording is not available.		Family Outcomes Survey-Revised	Cronbach's alpha for full family outcomes scale: .90, but had poor psychometric properties (X2=1,487) Second-order factor showed that five subscale model fit better (X2=752.51) Alphas for the five outcomes subscales (all of which dealt with parent-staff relationships) were .73, .78, .87, .78, .91	Care Setting: Early intervention program. Age Range: Unspecified (mean age: 25.3 months) Type of Instrument: Self-Administered Questionnaire Special Population: Parents of children with disabilities
Parent	I'm free to drop in whenever I wish. I feel welcomed by the caregiver.	Yes, No, Mixed feelings	Emlen Scales	55 items in 7 factors: warmth and interest in child; rich activities and environment; high risk care; child feels safe and secure; a skilled caregiver; parent and caregiver share information; a supportive caregiver. Cronbach's alpha for internal consistency (warmth and interest in child: .93, rich activities and environment: 87, skilled caregiver:.88, talk and share information: .72, caregiver accepting and supportive: .70). Face validity; "validation by replication;" prediction of quality.	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire
Parent	You feel welcome to visit your child's school. In this school year, you have been invited to your child's school for a special event (such as a book fair)	5-point scale: 0 = Not at all, 1 = A little, 2 = Some, 3 = A lot, 4 =A great deal 5-point scale: 0 = Never, 1 = Once or twice a year, 2 = Almost every month, 3 = Almost every week, 4 = More than once per week	NICHD Study of Early Child Care (SECC) - Parent and Teacher Involvement (Parent Report)	Psychometrics available for purchase.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Parent	I am confident that teachers: - are doing a good job keeping me well-informed of my child's progress. - are doing a good job encouraging my participation in my child's education. - keep me aware of all the information I need related to school.	4-point scale: 0=Strongly disagree, 1=Disagree, 2=Agree, 3=Strongly agree	Trust Scale	Reliability for the Trust Scale, as measured by alpha coefficients, was .90 for teachers and .96 for parents. No additional psychometric information is available from this source.	Care Setting: K-12 Age Range: Parents of students enrolled in kindergarten through 12th grade Type of Instrument: Self-Administered Questionnaire
Provider	Are parents allowed in the child care setting during the day?	1 = Only at specified times, 2 = Only with advance notice, 3 = At any time	NICHD Study of Early Child Care (SECC) - Parent Involvement (Child Care Provider Report)	Psychometrics available for purchase.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Provider	How often has this child's parent been invited to visit your school for a special event? How often has this child's parent been invited to attend a parent-teacher conference this school year?	5-point scale: 1 = Never, 2 = Once or twice a year, 3 = Almost every month, 4 = Almost every week, 5 = More than once per week	NICHD Study of Early Child Care (SECC) - Parent and Teacher Involvement (Teacher Report)	Psychometrics available for purchase.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Provider	How often has this child's parent been invited to visit your school for a special event (e.g. book fair) in the past year? How often has this child's parent been invited to attend a parent-teacher conference in the past year?	5-point scale: 0 = Never, 1 = Once or twice a year, 2 = Almost every month, 3 = Almost every week, 4 = More than once per week	Parent and Teacher Involvement Measure	Alphas were calculated for 3 factors: Parent comfort and endorsement of school=.93 Parent Involvement=.79 Parent-teacher contact=.68 Correlation between factors Parent comfort and endorsement of school and Parent involvement factors was relatively high (r=.64).	Care Setting: K-12 Age Range: Grades 5-8. Type of Instrument: Self-Administered Questionnaire
Provider	Has the child's parent been invited to visit your school for a special event (e.g. book fair) in the past 1-3 months (verbal or written invitation from you)? How often has this child's parent been invited to attend a school meeting in the past 1-3 months (verbal or written invitation by you or other school personnel)?	5-point scale: 1 = Never, 2 = Once or twice, 3 = Every month, 4 = Every week, 5 = More than once per week	Incredible Years Evaluation: INVOLVE - Teacher Questionnaire	20 items; 5-pt likert scale. Alpha coefficients for INVOLVE-T Teacher Questionnaire Summary Scales Parent involvement in education .91 Parent involvement with school/teacher .84 Parent involvement total .90 Teacher bonding with parent .76	Care Setting: K-12 Age Range: 6-12 Type of Instrument: Self-Administered Questionnaire
Provider	Are there opportunities for families/youth to provide feedback about care? (Examples include surveys, focus groups, suggestion boxes.) Does your practice have a formal advisory committee for families and youth to provide input on policies and practices? Do you and your staff: - invite families or youth to give presentations for staff to learn about the family perspective? - invite families or youth to do presentations for staff to learn how their cultures and values influence decision-making around their health care needs?	Never, Some of the time, Most of the time, Always	Family-Centered Care Self-Assessment Tool	Not available online, Child Trends staff has contact author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Provider	Provider regularly provides strategies for promoting family activities that support children's language and literacy development.	5-point scale: 5 = Exemplary, 3 = Basic, 1 = Deficient	Child/Home Early Language and Literacy Observation (CHELLO)	Interrater reliability: 91% for both scales, Cronbach's alpha ranged from .82 for literacy environment checklist to .97 for group/family observation. Total scores for the Literacy Environment were significantly correlated with each summary score on the Observation (r = .67, r = .33, and r = .47, respectively for the Physical Environment for Learning, Support for Learning, and Teaching Strategies). Total scores for the Literacy Environment and the Group/Family Observation were correlated (r = .52).	Care Setting: Family Child Care Age Range: 0-5 Type of Instrument: Observational; Interviewer-Administered Survey

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	<p>Staff use visits/conferences to share information and seek input from parents about the program and children's development.</p> <p>Staff seek input from parents about the program and its relationship to children's development.</p> <p>Parents have full representation on program advisory and policymaking committee(s).</p> <p>Parents attend meetings and have a say in establishing program policies.</p> <p>There are many parent involvement options consistent with a variety of parent interests and time constraints, e.g., parents may</p> <ul style="list-style-type: none"> - Volunteer in the classroom. - Bring in materials. - Attend parent meetings and workshops. - Serve on parent advisory councils. - Meet with teachers to discuss children's progress. - Support children's learning at home. - Read or contribute to a parent newsletter. <p>The program encourages parent participation (e.g., providing child care, arranging transportation, scheduling vents at times convenient for parents, making reminder phone calls the day before, networking parents with one another).</p>	Not applicable. This is an observational measure.	Preschool Program Quality Assessment-Agency Items	<p>Psychometric information available in: Jurkiewicz, T. C. (2003). The Revised Preschool PQA: Report on Psychometric Properties. Ypsilanti, MI: High/Scope Educational Research Foundation, Research Division. Unpublished paper.</p> <p>This reference is not available online. Contacted developer to obtain information but have not gotten a response.</p>	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 3-5 Type of Instrument: Observational
Observer	<p>The school or teacher asks families how they want to be involved in classroom relate activities (Parents must be given the opportunity to offer their own ideas for involvement).</p> <p>The school or teacher asks families to evaluate their child's classroom, school or teacher at least annually.</p> <p>Families are given a variety of options for involvement in classroom-related activities (e.g., observation, tutors, clerical workers, guest speakers, material preparation, selecting curriculum, field trips, parties in the classroom).</p> <p>Families have a standing invitation from the teacher to visit the classroom.</p>	Not applicable. This is an observational measure.	Assessment of Practices in Early Elementary Classrooms	Interrater agreement: average 86%, median weighted Kappa: .59, construct validity (correlation b/w APEEC and 3 other measures of developmentally appropriate practices) =.67, .55, .61	Care Setting: K-12 Age Range: K-Grade 3 Type of Instrument: Observational; Interviewer-Administered Survey Special Population: Classrooms that include children with special needs for at least part of the day
Observer	Provider invites parents to visit freely and to participate, when possible, in the family child care home activities (such as birthdays, field trips, lunch, special activities).	Not applicable. This is an observational measure.	Assessment Profile for Family Child Care Homes	Not available online or internally, Child Trends staff contacting author.	Care Setting: Family Child Care Age Range: Unspecified Type of Instrument: Observational
Observer	Provider invites parents to visit freely and to participate, whenever possible, in family child care home activities (such as birthdays, field trips, lunch, special activities).	Not applicable - observational scale	Assessment Profile for Family Child Care Homes	Discriminant validity: found that WFI-4 scores were significantly higher for teams with better developed systems of care.	Care Setting: Family Child Care Age Range: Unspecified Type of Instrument: Observational
Observer	<p>Parents are encouraged to be actively involved in the program.</p> <p>Teacher extends invitation to parents to support class activities such as coming for lunch or snack, helping with field trips, making materials, sharing skills in the classroom.</p>	Not applicable. This is an observational measure.	Assessment Profile for Early Childhood Programs	<p>Inter-rater reliability: mean - 93 to 95% agreement, range of 83 to 99%. The reliability coefficients for the five scales range from .79 to .98</p> <p>Path coefficients for year 1 and year 2 for Interacting scale are .59 and .52.</p>	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Observational

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	<p>Parents are involved in the annual review of program goals.</p> <p>Program goals and objective are evaluated at least annually by the administration, staff, and parents and are modified as needed.</p> <p>Family/parents are invited to assist in program support activities.</p> <p>Family/parents work with staff in organizing program support activities.</p> <p>Parents are invited to the center to visit and observe.</p> <p>There are opportunities for parents to be involved with children in the program.</p> <p>Agency has an open-door policy to encourage parents to participate in program during the daily schedule.</p>	Not applicable. This is an observational measure.	Child Development Program Evaluation Scale (CDPES)	Total 37 items from 900 items from 4 states (NY, PA, CA, WVA); statistically significant predictors of compliance and quality; face validity with NAEYC and CWLA standards	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Observational Special Population: Includes items for special needs children.
Observer, Parent, Director/ Administrator	<p>Families participate in and have significant influence on school decision making.</p> <p>Families participate in developing or have significant influence on school policies.</p> <p>Families have varied and flexible opportunities for involvement in schoolwide events and activities (e.g., PTO/PTA committees, fund raising committees, schoolwide community building committees, advocacy committees, booster clubs).</p> <p>Teachers utilize an open-door policy that allows for, welcomes, and involves families' participation in classroom activities at all times of the day.</p>	Never, Seldom, Sometimes, Often, Always, DK	Ready School Assessment (RSA)	<p>Factor loadings for Family, School, and Community Partnership indicators: Outreach, Parent-School Communication, Family Involvement in School (for specific loadings: http://www.readyschoolassessment.org/about/RSADecisionMakerInformation.pdf pg. 16)</p> <p>Internal consistency reliability alphas: Family, School, and Community Partnerships=.88 Family Involvement in School=.79 Parent-School Communication=.77 Outreach=.84</p>	Care Setting: K-12 Age Range: 6-12 Type of Instrument: Observational; Self-Administered Questionnaire; Interviewer-Administered Survey
Observer	<p>Parents welcomed as part of program (Ex. Parents share a family custom with child's group).</p> <p>Parents involved in decision making roles (Ex. Parent representatives on board, yearly evaluation of program, input from parents sought regarding program content).</p>	Not applicable. This is an observational measure.	School-Age Care Environmental Rating Scale- Revised (SACERS-R)	Interrelations subscale that included one rating scale item for parent/staff interactions had a kappa of .82 and cronbach's alpha of .94 "interactions" intraclass correlation: $r=.93$, $\alpha=.94$	Care Setting: K-12 Age Range: 5-12 Type of Instrument: Observational; Interviewer-Administered Survey
Observer	Provider regularly provides strategies for promoting family activities that support children's language and literacy development.	Not applicable. This is an observational measure.	Child/Home Early Language and Literacy Observation (CHELLO)	<p>Interrater reliability: 91% for both scales, Cronbach's alpha ranged from .82 for literacy environment checklist to .97 for group/family observation.</p> <p>Total scores for the Literacy Environment were significantly correlated with each summary score on the Observation ($r = .67$, $r = .33$, and $r = .47$, respectively for the Physical Environment for Learning, Support for Learning, and Teaching Strategies). Total scores for the Literacy Environment and the Group/Family Observation were correlated ($r = .52$).</p>	Care Setting: Family Child Care Age Range: 0-5 Type of Instrument: Observational; Interviewer-Administered Survey

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	<p>Variety of alternatives used to encourage family involvement in children's program. (Ex. Bring birthday treat, eat lunch with child, attend family pot luck).</p> <p>Parents asked for an evaluation if the program annually (Ex. parent questionnaires, group evaluation meetings).</p> <p>Parents involved in decision making roles in program along with staff (Ex. parent representatives on board).</p>	Not applicable. These are both observational measures.	<p>Infant/Toddler Environmental Rating Scale- Revised (ITERS-R)</p> <p>Early Childhood Environmental Rating Scale-Revised (ECERS-R)</p>	<p>ITERS-R Psychometrics: Average agreement on the 467 indicators on 39 items in the ITERS-R was 91.65%. Cohen's Kappa was also computed. Across the 39 items, the weighted Kappa was .58. Across the 32 child-related items, the weighted Kappa was .55.</p> <p>Parents and Staff subscale intraclass correlation= 0.92</p> <p>ECERS-R Psychometrics: Overall, the ECERS-R is reliable at the indicator and the item level, and at the level of the total score. The percentage of agreement across the full 470 indicators in the scale is 86.1%. Inter-rater reliability: The correlations between the two observers were .92 product moment correlation (Pearson). The interclass correlation was .92. Subscale internal consistencies range from .71 to .88 (Parents and staff subscale was .71).</p>	<p>ITERS-R : Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Observational; Interviewer-Administered Survey</p> <p>ECERS-R: Care Setting: Center (not-specified) Age Range: 3-5 Type of Instrument: Observational; Interviewer-Administered Survey</p>
Director/ Administrator	Families are asked to evaluate the program at least annually (in addition to the Qualistar Family Questionnaire). (asked on Program Documentation Checklist only)	1-10 points	Qualistar Rating Criteria Chart	None available. This tool is used in Colorado to evaluate programs participating in the Colorado quality rating and improvement system.	Care Setting: Head Start; Pre-K; Community-based Center; Center (not-specified); Family Child Care Age Range: 0-5 Type of Instrument: QRIS Special Population: Quality Rating and Improvement System for Colorado's child care centers/FCC homes
Director/ Administrator	Teachers encourage parents to observe and participate in classroom-based activities (e.g., shared book-reading and circle-time discussion).	5-point scale: 5 = Strong evidence, 3 = Some evidence, 1 = Minimal evidence	Supports for Early Literacy Assessment	<p>Psychometric information for the Parent Involvement subscale not reported independently in Lamy et al. (2004).</p> <p>Summary of General psychometrics: Interrater reliability-Lamy (2004) reported that the average IRR was .98 for the modified SELA. Internal Consistency-In a study of a random sample of 310 pre-school classrooms in Abbott County New Jersey, Lamy et al. (2004) used a modified version of the SELA that eliminated 5 items that overlapped with the ECERS-R. Cronbach's alpha=.92 Criterion Validity-Lamy (2004, as cited in Barnett, Yarosz, Thomas, & Blanco, undated) found that the correlation between SELA and ECERS-R total scores was .75.</p>	Care Setting: Pre-K; Community-based Care Age Range: 3-5 Type of Instrument: Observational; Interviewer-Administered Survey
Director/ Administrator	<p>Families participate in parent meetings, special events, parties, and fieldtrips.</p> <p>Families participate in routine classroom activities (e.g., reading books, assisting with story dictations, and helping with art projects).</p> <p>Family members serve on the center's advisory or governing board.</p> <p>Family members are invited to visit in the classroom at any time.</p>	7-point scale: 7 = Excellent, 5 = Good, 3 = Minimal, 1 = Inadequate	Program Administration Scale (PAS)	<p>Content Validity-reviewed by a panel of 10 ECE experts and 10 administrators, consultants and trainers Interrater reliability-Overall=.90, individual rater agreement=.81 to .95 Concurrent (Criterion) Validity-PAS Family Partnerships subscale correlation with Early Childhood Work Environment Survey Opportunities for Professional Growth subscale=.43 PAS Family Partnerships correlation with Early Childhood Environment Rating Scale-Revised Parents and Staff subscale=.34</p>	Care Setting: Center (not-specified) Age Range: Unspecified Type of Instrument: Observational; Interviewer-Administered Survey

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Director/ Administrator	<p>Program staff reach out to isolated families by: - inviting them to social activities.</p> <p>The program models positive social skills and community building by: - welcoming all families. - inviting all children and families to parties or social events.</p> <p>Parents are invited to visit and observe their children participating in programming, where appropriate, and talk with staff about their observations and questions.</p> <p>Parents have opportunities to volunteer and contribute to the program.</p> <p>Parents have regular opportunities to engage in activities in the center's physical space.</p> <p>Staff show that they value fathers and are sensitive to their unique needs by: - sharing responsibility for inviting and engaging fathers in programs and activities. - encouraging fathers and male family members to engage in many aspects of the program, not only activities for fathers.</p> <p>The program provides parents opportunities for: - Input into programmatic decision - Input into staff hiring and training</p>	6-point scale: 5 = Strongly agree, 4 = Agree, 3 = Neither agree nor disagree, 2 = Disagree, 1 = Strongly disagree, Not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Director/ Administrator	<p>How often do you: - hold events or meetings to which parents are invited?</p> <p>Does your after-school program have an advisory or governing board or committee that is separate from your non-profit organization's board?</p> <p>Who is represented on the board (circle all that apply)? - Parents</p>	<p>4 to 5 days a week = 1, 1 to 3 days a week = 2, 1 to 3 times a month = 3, Less than once a month = 4</p> <p>No, Yes</p> <p>Circle all that apply</p>	Evaluation of The After School Corporation After-School Program Site Coordinator Survey	Not available online, Child Trends staff contacting author.	Care Setting: K-12 Age Range: School-aged children Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (Senior leaders, such as the Chief Operating Officer, and Medical care provider)	<p>There is a functioning patient and family advisory council (e.g. meets regularly, at least quarterly, and reports to senior leadership).</p> <p>Patients and families serve on hospital committees and task forces such as:</p> <ul style="list-style-type: none"> - patient and family education - Quality improvement - patient safety - ethics committee - diversity/cultural competency - patient care committee(s) - facility design planning - staff recruitment and hiring processes - service excellence - research and evaluation <p>Family members are not viewed as visitors; they are always welcome to be with the patient, in accordance with patient preference.</p> <p>The practice actively utilizes quality improvement (QI) processes; staff and parents of CSHCN are supported to participate in these QI activities; resulting quality standards are integrated into the operations of the practice.</p> <p>Patients and families have the opportunity to participate in interdisciplinary meetings to plan care.</p> <p>The following create positive, welcoming first impressions for patients and families:</p> <ul style="list-style-type: none"> - parking lot - main entrance and lobby - reception area and information desk - entrance to specific units and clinics <p>The hospital's clinic's architecture and interior design use such features as lighting, color, aroma, views of nature, art, scale, proportion, sound, and texture to create a healing, supportive environment.</p> <p>Signage is welcoming and helpful to patients and families.</p>	<p>Each item is rated on 2 scales; whether they are present and the perceived priority for change.</p> <p>Status - 5-point scale: 1 = Not at all, 3 = OK, 5 = Very well.</p> <p>Perceived Priority for Change/Improvement - 3point scale: 1 = Low, 3 = High</p>	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (medical staff and non-medical staff)	<p>The practice uses family-centered approach to care, they assess CSHCN (care with special health care needs) and the needs of their families in accordance with its mission; feedback is solicited from families and influences office policies (e.g. the way things are done).</p> <p>A parent/practice "advisory group" promotes family-centered strategies, practices and policies (e.g. enhanced communication methods or systematic inquiry of family concerns/priorities); a written, visible mission statement reflects practice commitment to quality care for CSHCN (care with special health care needs) and their families.</p> <p>An advisory process is in place with families of CSHCN which helps to identify needs and implement creative solutions; there are tangible supports to enable families to participate in these activities (e.g. childcare or parent stipends).</p> <p>Families of CSHCN are integrated into office staff orientations and educational opportunities as teachers or "family faculty"; support for families to take this role is provided.</p> <p>The practice actively utilizes quality improvement (QI) processes; staff and parents of CSHCN are supported to participate in these QI activities; resulting quality standards are integrated into the operations of the practice.</p>	Levels 1-4	Medical Home Index: Pediatric	Kappa coefficients of interrater reliability between two Center for Medical Home Improvement project staff were above .50 for all 25 themes. Kappa scores comparing each staff member and the practice sites' self-assessment found 80% of the themes at .65 or better for one interviewer (J.W.M.) and 60% of the themes at .65 or better for the second interviewer (K.S.). The internal consistency reliability standardized alpha coefficients across the 6 domains of the MHI ranged from .81 to .91, and the overall standardized alpha coefficient was .96.	Care Setting: Pediatric medical care setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (medical staff)	We do not have the full wording for the items in this measure. Also, please note that there are two other respondent types (Parent, Director/Administrator) not listed here.		Pediatric Patient-Family-Centered Care Benchmarking Survey	<p>Cronbach α for Subscales</p> <p>Togetherness (degree to which hospitals allow families to remain together) Togetherness during normal times=.82 Togetherness during critical times=.76</p> <p>Family Participation and Involvement=.90</p> <p>Family Involvement in Hospital=.93</p> <p>Children Involvement in Hospital=.92</p>	Care Setting: Hospital setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)
Environment: Systems and Media for Communication with Families

Definition: Systems and Media for Communication with Families is defined by:
o Bulletin boards/newsletters, texting, Facebook

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	Teachers consistently and effectively utilize multiple methods of school-to-home communication to provide families with ongoing information about school programs and children's progress and problems (e.g., newsletters, bulletin boards, notes, journals, telephone calls, e-mail, Web sites, family resources rooms, home visits, face-to-face interactions). Teachers consistently provide for and encourage the use of multiple methods of home-to-school communication so parents can provide ongoing information about children's home life, progress, and problems (e.g., notes, journals, telephone calls, e-mail, Web sites, voice mail).	Never, Seldom, Sometimes, Often, Always, DK	Ready School Assessment (RSA)	Factor loadings for Family, School, and Community Partnership indicators: Outreach, Parent-School Communication, Family Involvement in School (for specific loadings: http://www.readyschoolassessment.org/about/RSADecisionMakerInformation.pdf pg. 16) Internal consistency reliability alphas: Family, School, and Community Partnerships=.88 Family Involvement in School=.79 Parent-School Communication=.77 Outreach=.84	Care Setting: K-12 Age Range: 6-12 Type of Instrument: Observational; Self-Administered Questionnaire; Interviewer-Administered Survey
Parent	The program offers daily written communication about your child's day.	Yes, No, Not sure	Quality for ME: Quality of Child Care Services	Items were adapted from Emlen scales. Emlen scale psychometrics: 55 items in 7 factors: warmth and interest in child; rich activities and environment; high risk care; child feels safe and secure; a skilled Cg; parent and Cg share information; a supportive Cg; face validity; Cronbach's alpha for internal consistency (warmth and interest in child: .93, rich activities and environment: .87, skilled caregiver:.88, talk and share information: .72, caregiver accepting and supportive: .70); "validation by replication;" prediction of quality;	Care Setting: Head Start; Community-based Center; Family Child Care; K-12 Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire; QRIS Special Population: Parent feedback survey for families with children in ECE programs participating in Maine's Quality Rating System
Parent	To what extent does the centre where you receive services... - have information available to you in various forms, such as a booklet, kit, video, etc.?		Measure of Process of Care	Internal Consistency as assessed by Cronbach's coefficient alpha: Respectful and Supportive Care (9 items) - Pilot Study = .91, Field testing = .92, Reliability re-test = .86. Providing Specific Info about the Child (5 items) - Pilot Study = .81, Field Testing = .82, Reliability re-test = .63. Providing general info (9 items) - Pilot Study = .91, Field Testing = .93, Reliability re-test = .94. Enabling & Partnership (16 items) - Pilot Study = .95, Field Study = .96 Reliability re-test = .86.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with a disability (developmental or physical)
Parent	Full item wording is not available.		Parent Satisfaction with Educational Experiences Scale	Factor one: teacher contact experiences (alpha=.82) Structure loadings: Telephone conversations with teachers=.79 Notes sent home=.82 Conferences with teacher=.82 School work sent home to work on with child=.76 Factor two: classroom contact experiences (alpha=.82) Structure loadings: Parent involvement in planning activities=.85 Volunteering in classroom=.82 Support given for parent involvement in school=.76 Parent participation in decision-making=.79 Factor three: school contact experiences Structure loadings: Contact I have had with other parents=.74 Workshops or training opportunities offered=.74 Contact I have had with principal/administrator=.74 Support for our family's home language and culture=.79	Care Setting: Head Start; Community-based center; K-12 Age Range: Ages 3-6. Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Provider	<p>A parent reads information on a parent bulletin board.</p> <p>A parent gets a newsletter.</p> <p>A parent sees a calendar of daily activities planned for the children.</p>	Not specified	Perceptions of Communication Questionnaire	<p>alpha ranged from .70 to .97 for the three types of communication (one, two, and three-way communication).</p> <p>"The ratio of the parents' agreements/agreements + disagreements was .81" (p. 213).</p> <p>Caregiver rating was .81.</p>	<p>Care Setting: Community-based Center</p> <p>Age Range: Unspecified</p> <p>Type of Instrument: Self-Administered Questionnaire</p>
Observer	<p>The teacher communicated with families at least twice each grading period, through individualized (examples of individualized communication: conferences, home visits, e-mail messages, telephone calls) or mass communication (examples of mass communication: classroom newsletters, event calendars).</p> <p>A communication system is present so that families and teachers can communicate easily and in a timely manner (e.g., daily communication notebooks, teacher provides home telephone number, voice mail, phone in classroom, e-mail).</p>	7-point scale: 7= Excellent, 5 = Good, 3 = Minimal, 1 = Inadequate	Assessment of Practices in Early Elementary Classrooms	Interrater agreement: average 86%, median weighted Kappa: .59, construct validity (correlation b/w APEEC and 3 other measures of developmentally appropriate practices) =.67, .55, .61	<p>Care Setting: K-12</p> <p>Age Range: K-Grade 3</p> <p>Type of Instrument: Observational; Interviewer-Administered Survey</p> <p>Special Population: Classrooms that include children with special needs for at least part of the day</p>
Observer	<p>Parents are able to reach the Provider by phone or message system during the time their children are in care.</p> <p>A system is established and used by Provider and Parents to provide written information about specific daily needs or variation in the child's routine (such as sleeping, eating, toileting, pick-up, job changes, family travel, family visitors),</p> <p>Provider has established systems that provide regular opportunities to exchange information with parents.</p>	Not applicable. This is an observational measure.	Assessment Profile for Family Child Care Homes	Not available online or internally, Child Trends staff contacting author.	<p>Care Setting: Family Child Care</p> <p>Age Range: Unspecified</p> <p>Type of Instrument: Observational</p>
Observer	<p>Teacher has a system for obtaining written information from parents about their child (such as daily routines, favorite foods, sleeping/eating schedules, special toys, interests, habits, language expressions, etc.).</p> <p>Teacher has a system for exchanging information with parents on a routine basis about changes in their child's needs.</p> <p>Teacher writes individual and/or group notes to parents to share information about the child's classroom experiences weekly.</p>	Not applicable. This is an observational measure.	Assessment Profile for Early Childhood Programs	<p>Inter-rater reliability: mean - 93 to 95% agreement, range of 83 to 99%, The reliability coefficients for the five scales range from .79 to .98</p> <p>Path coefficients for year 1 and year 2 for Interacting scale are .59 and .52.</p>	<p>Care Setting: Center (not-specified)</p> <p>Age Range: 0-12</p> <p>Type of Instrument: Observational</p>
Observer	<p>How do you communicate with the children's families?</p> <p>What strategies do you use?</p> <p>What specific challenges have you faced when communicating with families?</p>	Not applicable - observational scale	Child/Home Early Language and Literacy Observation (CHELLO)	<p>Interrater reliability: 91% for both scales, cronbach's alpha ranged from .82 for literacy environment checklist to .97 for group/family observation.</p> <p>total scores for the Literacy Environment were significantly correlated with each summary score on the Observation ($r = .67$, $r = .33$, and $r = .47$, respectively for the Physical Environment for Learning, Support for Learning, and Teaching Strategies). Total scores for the Literacy Environment and the Group/Family Observation were correlated ($r = .52$).</p>	<p>Care Setting: Family Child Care</p> <p>Age Range: 0-5</p> <p>Type of Instrument: Observational; Interviewer-Administered Survey</p>

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	Staff and parents exchange information about the curriculum and its relationship to children's development (e.g., staff send regular mailings or newsletters about the program and invite parent reactions; staff and parents interact during program workshops; staff and parents exchange frequent informal comments about activities; staff invite observations and answer questions from parents about the program).	Not applicable. This is an observational measure.	Preschool Program Quality Assessment-Agency Items	<p>Psychometric information available in: Jurkiewicz, T. C. (2003). The Revised Preschool PQA: Report on Psychometric Properties. Ypsilanti, MI: High/Scope Educational Research Foundation, Research Division. Unpublished paper.</p> <p>This reference is not available online. Contacted developer to obtain information but have not gotten a response.</p>	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 3-5 Type of Instrument: Observational

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	<p>Communication to the family comes periodically from the school/program or teacher (newsletter, open house, parent conferences).</p> <p>Teacher has a system for regular communication with families that includes celebrations of the child's accomplishments.</p> <p>Teacher uses a variety of methods (e.g., home visits, phone calls, classroom visits, phone calls, classroom visits, notes, newsletter) to communicate with families to ensure that an effort is made to connect with all families.</p> <p>Communication systems with families are bi-directional, offering families a mechanism to share information about the family or child with the teacher.</p>	Not applicable. This is an observational measure.	Teaching Pyramid Observation Tool	This measure is still undergoing development. Currently, there is a study being conducted to measure the psychometric properties of the TPOT. There is no information about the reliability or validity at this time.	Care Setting: Center (not-specified) Age Range: 3-5 Type of Instrument: Observational
Observer	Much sharing of child-related information between parents and staff (Ex. Frequent informal communication; periodic conferences for all children; parent meetings, newsletters, parenting information available).	Not applicable. These are both observational measures.	<p>Infant/Toddler Environmental Rating Scale- Revised (ITERS-R)</p> <p>Early Childhood Environmental Rating Scale-Revised (ECERS-R)</p>	<p>ITERS-R Psychometrics: Average agreement on the 467 indicators on 39 items in the ITERS-R was 91.65%. Cohen's Kappa was also computed. Across the 39 items, the weighted Kappa was .58. Across the 32 child-related items, the weighted Kappa was .55.</p> <p>Parents and Staff subscale intraclass correlation= 0.92</p> <p>ECERS-R Psychometrics: Overall, the ECERS-R is reliable at the indicator and the item level, and at the level of the total score. The percentage of agreement across the full 470 indicators in the scale is 86.1%.</p> <p>Inter-rater reliability: The correlations between the two observers were .92 product moment correlation (Pearson).</p> <p>The interclass correlation was .92. Subscale internal consistencies range from .71 to .88 (Parents and staff subscale was .71).</p>	<p>ITERS-R :</p> <p>Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Observational; Interviewer-Administered Survey</p> <p>ECERS-R:</p> <p>Care Setting: Center (not-specified) Age Range: 3-5 Type of Instrument: Observational; Interviewer-Administered Survey</p>
Director/ Administrator	<p>Teachers use regular (at least once a week), informal communication to suggest developmentally appropriate home-based literacy activities (e.g., shared book-reading, opportunities to is writing materials, rich conversation); communication might occur through newsletters, notes, or brief exchanges during parents' visits to classroom. Teachers might also use a lending library to encourage shared book-reading at home.</p> <p>Teachers sometimes use informal communications to parents about developmentally appropriate home-based literacy activities. Individual children's literacy-related interests and skills are sometimes discussed at scheduled parent-teacher conferences, or other times.</p>	5-point scale: 5 = Strong evidence, 3 = Some evidence, 1 = Minimal evidence	Supports for Early Literacy Assessment	<p>Psychometric information for the Parent Involvement subscale not reported independently in Lamy et al. (2004).</p> <p>Summary of General psychometrics: Interrater reliability-Lamy (2004) reported that the average IRR was .98 for the modified SELA. Internal Consistency-In a study of a random sample of 310 pre-school classrooms in Abbott County New Jersey, Lamy et al. (2004) used a modified version of the SELA that eliminated 5 items that overlapped with the ECERS-R. Cronbach's alpha=.92 Criterion Validity-Lamy (2004, as cited in Barnett, Yarosz, Thomas, & Blanco, undated) found that the correlation between SELA and ECERS-R total scores was .75.1</p>	Care Setting: Pre-K; Community-based Care Age Range: 3-5 Type of Instrument: Observational; Interviewer-Administered Survey
Director/ Administrator	<p>Program staff reach out to isolated families by: - Calling, sending notes, or making home visits</p>	6-point scale: 5 = Strongly agree, 4 = Agree, 3 = Neither agree nor disagree, 2 = Disagree, 1 = Strongly disagree, Not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Director/ Administrator	<p>The center regularly communicates with families by using seven or more modes of communication (modes of communication include: informal conversation, periodic family meetings, newsletters, bulletin boards, notes that go home with children, mailed letters, e-mail, phone calls, and website).</p> <p>A system exists to provide families with the opportunity for daily communication with teaching staff (a system requires tangible, concrete evidence (e.g., written policy and procedures; family orientation checklist; written, two-way communication logs). It also involves multiple participants and a defined process of accountability).</p>	7-point scale: 7 = Excellent, 5 = Good, 3 = Minimal, 1 = Inadequate	Program Administration Scale (PAS)	<p>Content Validity-reviewed by a panel of 10 ECE experts and 10 administrators, consultants and trainers</p> <p>Interrater reliability-Overall=.90, individual rater agreement=.81 to .95</p> <p>Concurrent (Criterion) Validity-PAS Family Partnerships subscale correlation with Early Childhood Work Environment Survey Opportunities for Professional Growth subscale=.43</p> <p>PAS Family Partnerships correlation with Early Childhood Environment Rating Scale-Revised Parents and Staff subscale=.34</p>	<p>Care Setting: Center (not-specified)</p> <p>Age Range: Unspecified</p> <p>Type of Instrument: Observational; Interviewer-Administered Survey</p>

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Director/ Administrator	Not including lesson plans that are given to parents in advance of activities, how often do parents receive written letters describing the play and learning activities that took place in the child's classroom?	Daily, A few times a week, Once a week, Less than once a week, About once a month, Less than once a month, Never	Early Childhood Longitudinal Study- Birth Cohort Center Director Questionnaire(ECLS-B)	Per NCES, psychometric data not available for this survey.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 3-5 Type of Instrument: Self-Administered Questionnaire
Other (such as the Chief Operating Officer and Medical care provider)	There are systems in place to encourage communication among patients, families, and staff (e.g. chart email, bulletin boards in patient's room, pagers, telephone contact).	Each item is rated on 2 scales; whether they are present and the perceived priority for change. Status - 5-point scale: 1 = Not at all, 3 = OK, 5 = Very well. Perceived Priority for Change/Improvement - 3point scale: 1 = Low, 3 = High	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Not available online or internally. Have contacted author.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (medical staff and non-medical staff)	Standardized office communication methods are identified to the family by the practice (e.g. call-in hours, phone triage for questions, or provider call back hours). Office activities encourage individual requests for flexible access; access and communication preferences are documented in the care plan and used by other practice staff (e.g. fax, e-mail or web messages, home school or residential care visits).	Levels 1-4	Medical Home Index: Pediatric	Kappa coefficients of interrater reliability between two Center for Medical Home Improvement project staff were above.50 for all 25 themes. Kappa scores comparing each staff member and the practice sites' self-assessment found 80% of the themes at.65 or better for one interviewer (J.W.M.) and 60% of the themes at.65 or better for the second interviewer (K.S.). The internal consistency reliability standardized alpha coefficients across the 6 domains of the MHI ranged from.81 to.91, and the overall standardized alpha coefficient was.96.	Care Setting: Pediatric medical care setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

**Family-Provider Relationship Quality (FPRQ)
Environment: Materials Reflective of Families**

Definition: Materials Reflective of Families is defined by:

- o Culturally and linguistically reflective, inclusive of fathers, children with disabilities

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	The program staff have materials for my child that positively reflect our cultural background.	7-point scale: 1 = Strongly disagree, 7 = Strongly agree	Strength-Based Practices Inventory	Internal consistency: alphas for subscales ranged from .81 to .92, measure was positively correlated with Parent Empowerment Scale Predictive validity: strength-based practices at 14-months were not found to be predictive of parent empowerment, social support, and other parent outcomes measured at 24 months	Care Setting: Head Start Age Range: 0-2 Type of Instrument: Qualitative Special Population: Parents at or below Federal Poverty guidelines
Parent	Are the following statements true at this center? - My child's cultural background is reflected in the classroom.	Always, Often, Sometimes, Never	Partnership Impact Research Study Parent Questionnaires	None available online or internally. Child Trends staff have contacted the author.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: Preschool aged children Type of Instrument: Self-Administered Questionnaire
Provider	Parenting information is available in the language spoken by families. For parents of children with special needs, staff: - Ensure that parent-child activities are appropriate for families with children with special needs. The program welcomes fathers and other male family members by: - Providing information specific to fathers/male family members in a special area such as a lounge, bulletin board, or bookshelf. - Displaying positive portrayals of men and children in books, posters, and program materials. - Using intake forms, application and surveys that are gender-neutral.	5-point scale: 5 = Strongly agree, 4 = Agree, 3 = Neither agree nor disagree, 2 = Disagree, 1 = Strongly disagree, Not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	We have contacted the developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Director/ Administrator	Parenting information is available in the language spoken by families For parents of children with special needs, staff: - Ensure that parent-child activities are appropriate for families with children with special needs. The program welcomes fathers and other male family members by: - Providing information specific to fathers/male family members in a special area such as a lounge, bulletin board, or bookshelf. - Displaying positive portrayals of men and children in books, posters, and program materials. - Using intake forms, application and surveys that are gender-neutral.	6-point scale: 5 = Strongly agree, 4 = Agree, 3 = Neither agree nor disagree, 2 = Disagree, 1 = Strongly disagree, Not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	We have contacted the developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (Medical Provider)	<p>Materials are available and appropriate for non-English speaking families, those with limited literacy; these materials are appropriate to the developmental level of the child/young adult.</p> <p>Diverse materials and teaching methods are used to address individual learning styles and needs; education is broad in scope and learning outcomes are examined.</p>	Each identified theme has 4 levels. Within each level, the respondent checks either "Partial" (some activity within the level) or "Complete" (all activities within a level)	Medical Home Index: Pediatric	Kappa coefficients of interrater reliability between two Center for Medical Home Improvement project staff were above .50 for all 25 themes. Kappa scores comparing each staff member and the practice sites' self-assessment found 80% of the themes at .65 or better for one interviewer (J.W.M.) and 60% of the themes at .65 or better for the second interviewer (K.S.). The internal consistency reliability standardized alpha coefficients across the 6 domains of the MHI ranged from .81 to .91, and the overall standardized alpha coefficient was .96.	Care Setting: Pediatric medical care setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (Senior leaders, such as the Chief Operating Officer, and medical care providers)	<p>Written information is provided in primary languages of patients and families served by the hospital.</p> <p>The hospital's information and educational materials reinforce the belief that patients and families are essential members of the health care team.</p> <p>Signage is in the languages of the communities served.</p>	<p>Each item is rated on 2 scales; whether they are present and the perceived priority for change.</p> <p>Status - 5-point scale: 1 = Not at all, 3 = OK, 5 = Very well.</p> <p>Perceived Priority for Change/Improvement - 3-point scale: 1 = Low, 3 = High</p>	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

**Family-Provider Relationship Quality (FPRQ)
Environment: Resources for Families: Providing Information**

Definition: Resources for Families: Providing Information is defined by:
o Resources offered by the ECE setting and the community

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>Do you find yourself giving information to your provider about resources she might need?</p> <p>What kinds of information do people give you about jobs, housing, or other resources?</p> <p>Do you find yourself giving information to any network members about jobs, housing, or other resources they might need?</p>	Open-ended questions.	Work-Child Care Fit	Contacted developer to see if psychometric information is available.	Care Setting: Center (not-specified); Family Child Care; Family, Friend or Neighbor Care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey; Qualitative
Parent	Our service coordinator offered to give us more information about other resources in our community.	7-point scale: 1 = Strongly disagree, 6 = Strongly agree, Don't know	Virginia Family Survey	None available	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: For families whose children are receiving early intervention services
Parent	The program staff give me good information about where to go for other services I need.	7-point scale: 1 = Strongly disagree, 7 = Strongly agree	Strength-Based Practices Inventory	Internal consistency: alphas for subscales ranged from .81 to .92, measure was positively correlated with Parent Empowerment Scale Predictive validity: strength-based practices at 14-months were not found to be predictive of parent empowerment, social support, and other parent outcomes measured at 24 months	Care Setting: Head Start Age Range: 0-2 Type of Instrument: Qualitative Special Population: Parents at or below Federal Poverty guidelines
Parent	<p>I was given information about government money available to help pay for childcare services.</p> <p>I was given information about government health insurance programs for me and or for my child(ren)/family.</p> <p>I was given information about local health and human services that may be helpful for me and or for my child(ren)/family.</p>	Yes, No, Not sure	Quality for ME: Quality of Child Care Services	Items were adapted from Emlen scales. Emlen scale psychometrics: 55 items in 7 factors: warmth and interest in child; rich activities and environment; high risk care; child feels safe and secure; a skilled Cg; parent and Cg share information; a supportive Cg; face validity; Cronbach's alpha for internal consistency (warmth and interest in child: .93, rich activities and environment: .87, skilled caregiver: .88, talk and share information: .72, caregiver accepting and supportive: .70); "validation by replication;" prediction of quality;	Care Setting: Head Start; Community-based Center; Family Child Care; School-based Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire; QRIS Special Population: Parent feedback survey for families with children in ECE programs participating in Maine's Quality Rating System

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	Does the center give you information about these services? - I get information about health care services. - I get information about Head Start. - I get information about mental health services. - I get information about English proficiency classes. - I get information about adult education or training. - I get information about GED preparation. - I get information about employment services. - I get information about immigration services. - I get information about food stamps. - I get information about financial aid for school. - I get information about housing assistance. - I get information about social services. - I get information about legal services. - I get information about energy/fuel assistance. - I get information about dental services.		Partnership Impact Research Study Parent Questionnaires	None available online or internally. Child Trends staff have contacted the author.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: Preschool aged children Type of Instrument: Self-Administered Questionnaire
Parent	Full item wording is not available.		Family Outcomes Survey Revised	Cronbach's alpha for full family outcomes scale: .90, but had poor psychometric properties (X ² =1,487) Second-order factor showed that five subscale model fit better (X ² =752.51) Alphas for the five outcomes subscales (all of which dealt with parent-staff relationships) were .73, .78, .87, .78, .91	Care Setting: Early intervention program. Age Range: Unspecified (mean age: 25.3 months) Type of Instrument: Self-Administered Questionnaire Special Population: Parents of children with disabilities
Parent	In the past year, to what extent does the organization where you receive services: - give you information about the types of services offered at the organization or in your community? To what extent does the centre where you receive services: - give you information about the types of services offered at the Centre or in your community?	8-point scale: 7 = To a great extent, 4 = Sometimes, 1 = Never, 0 = Not applicable	Measure of Process of Care	Internal Consistency as assessed by Cronbach's coefficient alpha: Respectful and Supportive Care (9 items) - Pilot Study = .91, Field testing = .92, Reliability re-text = .86. Providing Specific Info about the Child (5 items) - Pilot Study = .81, Field Testing = .82, Reliability re-test = .63. Providing general info (9 items) - Pilot Study = .91, Field Testing = .93, Reliability re-test = .94. Enabling & Partnership (16 items) - Pilot Study = .95, Field Study = .96 Reliability re-test = .86.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with a disability (developmental or physical)
Parent	Full item wording is not available.		Parent Satisfaction with Educational Experiences Scale	Factor one: teacher contact experiences (alpha=.82) Structure loadings: Telephone conversations with teachers=.79 Notes sent home=.82 Conferences with teacher=.82 School work sent home to work on with child=.76 Factor two: classroom contact experiences (alpha=.82) Structure loadings: Parent involvement in planning activities=.85 Volunteering in classroom=.82 Support given for parent involvement in school=.76 Parent participation in decision-making=.79 Factor three: school contact experiences Structure loadings: Contact I have had with other parents=.74 Workshops or training opportunities offered=.74 Contact I have had with principal/administrator=.74 Support for our family's home language and culture=.79	Care Setting: Head Start; Community-based center; K-12 Age Range: Ages 3-6. Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	<p>Provider is able to identify community resource to whom suspected child abuse is reported.</p> <p>Provider is able to identify community resource for special needs (such as learning disability, vision, hearing, motor, speech).</p>	Not applicable. This is an observational measure.	Assessment Profile for Family Child Care Homes	Not available online or internally, Child Trends staff contacting author.	Care Setting: Family Child Care Age Range: Unspecified Type of Instrument: Observational
Observer	<p>The provider gives parents descriptive information regarding tax credits, child care subsidies, or employer child care benefits.</p> <p>The provider has descriptive information regarding community resources for parents, including developmental screening services for children.</p>	Not applicable. This is an observational measure.	Business Administration Scale for Family Child Care (BAS)	Scale cronbach's alpha: .77 (N=65) Interrater reliability: 94% Distribution of provider-parent communication item: 55% of respondents got the top score. Intercorrelation between this item and other items on the scale ranged from .01 to .38. Significant correlation (.44) between item and FCCERS-R measure	Care Setting: Family Child Care Age Range: Unspecified Type of Instrument: Observational; Interview-Administered Survey
Observer	Information concerning family/parents' resources (time, skills, interests) is required.	Not applicable. This is an observational measure.	Child Development Program Evaluation Scale (CDPES)	Total 37 items from 900 items from 4 states (NY, PA, CA, WVA); statistically significant predictors of compliance and quality; face validity with NAEYC and CWLA standards	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Observational Special Population: Includes items for special needs children.
Observer	<p>Staff make referrals to needed family services (e.g., brochures and other information are readily available to parents; staff keep lists of local service providers).</p> <p>Staff give parents information for parents to locate and access special education services needed by the child.</p>	Not applicable. This is an observational measure.	Preschool Program Quality Assessment-Agency Items	<p>Psychometric information available in: Jurkiewicz, T. C. (2003). The Revised Preschool PQA: Report on Psychometric Properties. Ypsilanti, MI: High/Scope Educational Research Foundation, Research Division. Unpublished paper.</p> <p>This reference is not available online. Contacted developer to obtain information but have not gotten a response.</p>	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 3-5 Type of Instrument: Observational
Observer	The program provides information to families on community resources/activities.	1-10 points	Qualistar Rating Criteria Chart	None available. This tool is used in Colorado to evaluate programs participating in the Colorado quality rating and improvement system.	Care Setting: Head Start; Pre-K; Community-based Center; Center (not-specified); Family Child Care Age Range: 0-5 Type of Instrument: QRIS Special Population: Quality Rating and Improvement System for Colorado's child care centers/FCC homes
Observer	Teacher provides families with information on community resources (e.g., parenting classes, mental health services related to children's social emotional development and challenging behavior.	Not applicable. This is an observational measure.	Teaching Pyramid Observation Tool	This measure is still undergoing development. Currently, there is a study being conducted to measure the psychometric properties of the TPOT. There is no information about the reliability or validity at this time.	Care Setting: Center (not-specified) Age Range: 3-5 Type of Instrument: Observational
Observer	Information provided on parenting, health care, sports, and cultural activities for families.	Not applicable. This is an observational measure.	School-Age Care Environmental Rating Scale- Revised (SACERS-R)	Interrelations subscale that included one rating scale item for parent/staff interactions had a kappa of .82 and cronbach's alpha of .94 "interactions" intraclass correlation: $r=.93$, $\alpha=.94$	Care Setting: K-12 Age Range: 5-12 Type of Instrument: Observational; Interviewer-Administered Survey

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Director/ Administrator	<p>The program offers a variety of activities throughout the year to provide information and guidance to parents about supports for children's literacy development; these may include parent workshops on literacy topics and sessions for parents with the community's children's librarian.</p> <p>The program provides parents with information about their public library, and adult and family literacy services available in their community.</p>	5-point scale: 5 = Strong evidence, 3 = Some evidence, 1 = Minimal evidence	Supports for Early Literacy Assessment	<p>Psychometric information for the Parent Involvement subscale not reported independently in Lamy et al. (2004).</p> <p>Summary of General psychometrics: Interrater reliability-Lamy (2004) reported that the average IRR was .98 for the modified SELA.</p> <p>Internal Consistency-In a study of a random sample of 310 pre-school classrooms in Abbott County New Jersey, Lamy et al. (2004) used a modified version of the SELA that eliminated 5 items that overlapped with the ECERS-R. Cronbach's alpha=.92 Criterion Validity-Lamy (2004, as cited in Barnett, Yarosz, Thomas, & Blanco, undated) found that the correlation between SELA and ECERS-R total scores was .75.</p>	Care Setting: Pre-K; Community-based Care Age Range: 3-5 Type of Instrument: Observational; Interviewer-Administered Survey
Director/ Administrator and Provider	<p>For parents of children with special needs, staff: - Provide speakers/resources for parents on topics of interest/concern.</p> <p>The program provides parents with information on the role of all staff members and which staff members can help them with particular issues.</p> <p>Staff proactively respond to signs of parent or family distress by: - Sharing information about a parent help-line or warm-line.</p> <p>The program actively builds collaborative links with other service providers in order to: - Share information with parents about resources.</p> <p>The program encourages parents to share information about community resources for families - such as toy exchanges, resale shops, play lots, family activities, and more formal services.</p> <p>The program welcomes fathers and other male family members by: - Providing activities or services that are man-to-man, father-to-father.</p> <p>The program maintains up-to-date information about services in the communities such as: - food pantries - domestic violence services - shelters - respite care for children - alcohol and substance abuse services - mental health services - economic supports - legal assistance</p> <p>Information on parenting is available through: - Books and videos in a resource library - Parenting classes and discussion groups - Regular postings on bulletin boards in public spaces - Take-home materials distributed regularly to parents</p>	6-point scale: 5 = Strongly agree, 4 = Agree, 3 = Neither agree nor disagree, 2 = Disagree, 1 = Strongly disagree, Not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (medical staff and non-medical staff)	<p>Educational information on community-based resources for CSHCN (children with special health care needs), including diagnosis specific resource information, is available for all staff.</p> <p>Systematic practice activities foster communication among the practice, family, and external providers such as specialists, schools, and other community professionals for CSHCN; these methods are documented and may include information exchange forms or ad hoc meetings with external providers.</p> <p>Significant office knowledge about family and medical resources and insurance options is available; assessment of family needs leads to supported use of resources and information to solve specific problems.</p>	Levels 1-4	Medical Home Index: Pediatric	Kappa coefficients of interrater reliability between two Center for Medical Home Improvement project staff were above .50 for all 25 themes. Kappa scores comparing each staff member and the practice sites' self-assessment found 80% of the themes at .65 or better for one interviewer (J.W.M.) and 60% of the themes at .65 or better for the second interviewer (K.S.). The internal consistency reliability standardized alpha coefficients across the 6 domains of the MHI ranged from .81 to .91, and the overall standardized alpha coefficient was .96.	Care Setting: Pediatric medical care setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (Senior leaders, such as the Chief Operating Officer and Medical care provider)	<p>There is a patient and family resource center accessible to patients, families, and staff with:</p> <ul style="list-style-type: none"> - useful programs and materials. - useful bookmarked web sites. - skills training lab. <p>The hospital's information and educational materials reinforce the belief that patients and families are essential members of the health care team.</p>	5-point scale: 1=Not at all, 3=OK, 5=Very Well.	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (medical staff)	We do not have the full wording for the items in this measure. Also, please note that there are two other respondent types (Parent, Director/Administrator) not listed here.		Pediatric Patient-Family-Centered Care Benchmarking Survey	<p>Cronbach α for Subscales</p> <p>Togetherness (degree to which hospitals allow families to remain together) Togetherness during normal times=.82 Togetherness during critical times=.76</p> <p>Family Participation and Involvement=.90</p> <p>Family Involvement in Hospital=.93</p> <p>Children Involvement in Hospital=.92</p>	Care Setting: Hospital setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)

Environment: Resources for Families: Chances for peer-to-peer networking (formal or informal)

Definition: Resources for Families: Chances for peer-to-peer networking (formal or informal)

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	The program staff provide opportunities for me to get to know other parents in the community.	7-point scale: 1 = Strongly disagree, 7 = Strongly agree	Strength-Based Practices Inventory	Internal consistency: alphas for subscales ranged from .81 to .92, measure was positively correlated with Parent Empowerment Scale Predictive validity: strength-based practices at 14-months were not found to be predictive of parent empowerment, social support, and other parent outcomes measured at 24 months	Care Setting: Head Start Age Range: 0-2 Type of Instrument: Qualitative Special Population: Parents at or below Federal Poverty guidelines
Parent	To what extent does the centre where you receive services... - promote family-to-family gatherings for social, informational or shared experiences?		Measure of Process of Care	Internal Consistency as assessed by Cronbach's coefficient alpha: Respectful and Supportive Care (9 items) - Pilot Study = .91, Field testing = .92, Reliability re-test = .86. Providing Specific Info about the Child (5 items) - Pilot Study = .81, Field Testing = .82, Reliability re-test = .63. Providing general info (9 items) - Pilot Study = .91, Field Testing = .93, Reliability re-test = .94. Enabling & Partnership (16 items) - Pilot Study = .95, Field Study = .96 Reliability re-test = .86.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with a disability (developmental or physical)
Provider	Do you and your staff: - offer opportunities for families and youth to meet with older youth and young adults as role models for achieving future goals?	Never, Some of the time, Most of the time, Always	Family-Centered Care Self-Assessment Tool	Not available online, Child Trends staff has contacted author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Observer	The program provides opportunities for staff and families to get to know one another.	1-10 points	Qualistar Rating Criteria Chart	None available. This tool is used in Colorado to evaluate programs participating in the Colorado quality rating and improvement system.	Care Setting: Head Start; Pre-K; Community-based Center; Center (not-specified); Family Child Care Age Range: 0-5 Type of Instrument: QRIS Special Population: Quality Rating and Improvement System for Colorado's child care centers/FCC homes

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Director/ Administrator	<p>The program provides opportunities for families to socialize and foster a sense of community through:</p> <ul style="list-style-type: none"> - Periodic events like coffee breaks and breakfasts - Celebrations, graduations, and holidays - Field trips and activities - Events celebrating cultural customs, potlucks, and other opportunities for parents to share and learn about each other's home lives and cultural backgrounds - Affordable family activities - Special programs for dads, grandparents, teen moms, and other caregivers <p>The programs offers opportunities for parents to talk with each other about:</p> <ul style="list-style-type: none"> - Typical challenges of parenting - Stages of child development - Expectations and norms about child rearing - Sibling rivalry - Balancing work and family - Parenting practices in and across cultural and ethnic groups <p>Information on parenting is available through:</p> <ul style="list-style-type: none"> - Opportunities for parents with similar concerns to come together and share <p>Parents have opportunities to share skills, talents, and cultural traditions with children and other parents.</p> <p>Parents have opportunities to participate in:</p> <ul style="list-style-type: none"> - Parent-only social activities - Support groups - Activities designed to relieve stress, such as spa days, date nights (parents' night out), or exercise classes - Activities that promote healthy adult relationships, marriage, co-parenting 	6-point scale: 5 = Strongly agree, 4 = Agree, 3 = Neither agree nor disagree, 2 = Disagree, 1 = Strongly disagree, Not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (Senior leaders, such as the Chief Operating Officer, and Medical care provider)	Peer and family-to-family support is available and accessible to patients and families.	<p>Each item is rated on 2 scales; whether they are present and the perceived priority for change.</p> <p>Status - 5-point scale: 1 = Not at all, 3 = OK, 5 = Very well.</p> <p>Perceived Priority for Change/Improvement - 3point scale: 1 = Low, 3 = High</p>	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire