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ABSTRACT

Parents play a vital role in preparing their children for school. Though there is debate in the scholarly world regarding the definition of school readiness, for this study we have chosen to focus on school readiness from the standpoint of literary health, and social and emotional wellness. Our team’s objective was to create an easily understood, culturally competent survey that measured parental engagement in school readiness for our client, the Dudley Street Neighborhood Initiative (DSNI), a non-profit community-based planning and organizing entity.

We researched survey design methods and conducted four key informant interviews in order to create a pilot survey, which was disseminated via email to members of DSNI’s, Dudley Children Thrive (DCT) community. DCT, a school readiness program for children ages 0-5, is one of five communities participating in the Boston Thrive in 5 collaborative. We analyzed the results of twenty-two completed online survey; responses to questions with Likert scales were helpful in determining whether a question was pertinent to our focus population and the final question, which offered a blank space for anonymous feedback was available to provide us additional insight. The final survey product was delivered to the client for future program development and evaluation. Our team encountered research limitations such as defining school readiness, key informant interview scheduling conflicts, and working within the time constraints of the allotted semester.
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EXECUTIVE SUMMARY

The Dudley Street Neighborhood Initiative (DSNI), a non-profit resident led organization, partnered with our Tufts University field project team in the Spring of 2013 to develop and pilot a family based survey aimed at discovering ways in which parents positively prepare their children, ages 0 to 5, in the home, for school. The focus of the project was to create a tool that could be utilized to gather baseline data for DSNI’s early childhood intervention program called Dudley Children Thrive (DCT). DCT falls under the umbrella of the citywide Boston Children Thrive in 5 initiative whose goal is to create a comprehensive and collaborative strategy to ensure children are ready to start kindergarten. Based on these goals, the survey explores parental engagement in school readiness as it pertains to the areas of literacy, health, and social and emotional wellness.

Many children in the Dudley neighborhood fall at or below the poverty line, and are at higher risk of academic underachievement. Instead of using traditional survey methods that focus on deficits, our team’s goal for our project was to develop this survey in a non-traditional, culturally competent way. We aimed to capture intentional, positive behaviors parents engage in to prepare their children for school, despite the challenges they may face. This report details the research conducted throughout this project, which includes an analysis of relevant literature associated with school readiness and survey design, key informant interviews with parents in the Dudley neighborhood, and a pilot survey examining parental engagement in early school readiness.
To inform the design of our survey, we began with a review of the literature and used this background knowledge to inform our informant interview questions and survey design. By reviewing past studies, we sought to define and examine the meaning of school readiness and how parents encourage the development of literacy skills, contribute to their child’s physical and mental health, and promote positive social and emotional development. Our key informant interviews with parents from the Dudley neighborhood provided additional knowledge and information to aid in the development of our pilot survey.

The report concludes by synthesizing and discussing the responses we received from our key informant interviews and pilot survey. Additionally, the report provides recommendations for survey design based on lessons learned from this project.
CHAPTER 1: INTRODUCTION

The following report is a compilation of the work produced during the course of this project by three graduate students from Tufts University’s joint Urban and Environmental Policy and Planning and Child Development Master of Arts program.

1.1 Challenge Presented and Project Goal

Dudley Street Neighborhood Initiative (DSNI) has asked this field project team to develop a survey to explore what culturally and linguistically diverse parents in the Dudley neighborhood, situated in the community of Roxbury, are already doing to prepare their children, ages 0-5, for school. In order to complete this project, the field project team investigated current school readiness methods already being used by these families through key informant interviews; we then used that information to inform the development and piloting of a survey of these measures that was culturally sensitive and competent to the parents in the Dudley neighborhood.

DCT is particularly interested in parental involvement around literacy, health, and social and emotional wellness as they relate to school readiness. Due to the cultural diversity and lower socioeconomic status of some parents in the Dudley neighborhood, we hypothesized that parents in this area may engage their children in activities that are not always accurately captured in a traditional school readiness survey. For example, some parents may not read aloud to their children often but may instead create stories or sing songs together. DCT is interested in these types of intentional activities because they can also be used as ways to build a child’s vocabulary and help prepare them for kindergarten.

1.2 Snapshot of Roxbury

Roxbury¹, a community situated on the south side of the city of Boston, is home to over 25,000 residents (United States Census Bureau, 2010).

¹In this section, Roxbury residents are defined as those living within the 02119 zip code
The neighborhood serves as “the heart of Black culture in Boston” (City of Boston, 2013). Being one of Boston’s oldest communities, Roxbury has an abundance of physical history and notable residents, both past and present (Boston Redevelopment Authority, 2012). Until the late 1980’s, dilapidated housing and vacant lots overran the Roxbury community. After intensive revitalization efforts by the City of Boston, in conjunction with many local non-profits, private citizens, and organizations, Roxbury now boasts hundreds of new businesses and housing initiatives (City of Boston, 2013).

1.3 Dudley Street Neighborhood Initiative

Established in 1984, DSNI is a non-profit organization serving the Roxbury and North Dorchester neighborhoods in Boston, Massachusetts. DSNI’s main three focuses are: community economic development, leadership development and collaboration, and youth opportunities and development (Dudley Street Neigh-
At its core, DSNI is a resident-led effort to continually revitalize and re-envision the Dudley neighborhood while maintaining its culture, diversity and affordability. There are about 24,000 residents residing within the Dudley neighborhood: 72% African American and Cape Verdean, 24% Latino and 4% White. In addition to being one of Boston’s most culturally diverse neighborhoods, Dudley is also one of the poorest. Approximately 27% of Dudley’s residents fall below the federal poverty level and 62% fall below the Family Economic Self-Sufficiency. Families with children under 18 years old make up almost half of all of the residents of the Dudley neighborhood (Dudley Street Neighborhood Initiative, 2012).

1.4 **Boston Thrive in Five**

Boston Thrive in Five’s mission is to “ensure that children of all races, ethnicities, incomes, abilities and languages have the opportunities and support they need to enter kindergarten ready for success in school and beyond” (Thrive in Five Boston, 2010). In order to reach this goal, Boston Thrive in Five focuses on: Ready Families, Ready Educators, Ready Systems, Ready City and Ready Children.

Boston Thrive in 5 has partnered with five communities in the Boston area to pilot this strategy with the intention of involving every Boston neighborhood in a 10-year span. The five pilot communities are Allston-Brighton, South End/Lower Roxbury, East Boston, Field’s Corner and Roxbury/North Dorchester. Each community has a “hub agency” that leads the coordination effort between themselves and other community partners to help achieve Thrive in 5’s goals. In Roxbury/North Dorchester, this hub agency is DSNI. See Figure 1.2.

1.5 **Dudley Children Thrive**

With 401 families enrolled\(^4\), DCT is the Roxbury/North Dorchester branch of Boston Children’s Thrive.

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\(^2\) $17,029 for a family of four  
\(^3\) $37,591 for a family of four  
\(^4\) Number of families enrolled as of November 2012
Run through DSNI, DCT’s main focus is to help parents to prepare their children for school. They aim to do this by: connecting families to existing resources and early childhood development information, combining community-building fun events with a child development focus, assisting with school options, building the leadership of parents and families and continually increasing partnerships within the neighborhood (Friedman, Coonan, Douglass, & Carter 2012). They also run a number of classes for parents of children ages 0-5 and host regularly scheduled events for the children to engage in age appropriate activities, meant to help them develop school readiness skills.

**Figure 1.2: DCT Organizational Structure**

1.6 *School Readiness and the School Readiness Gap*

The ‘school readiness gap’ is a relatively new term. Much attention has been paid to academic achievement and attainment gaps and how to alleviate them. In order to effectively close or eliminate these gaps in achievement and attainment that occur later in a child’s academic career, growing research suggests that attention must be focused on the gaps that exist between students even as they enter kindergarten. This is known as the school readiness gap (Sadowski, 2006).

The concept of ‘school readi-
we will focus our definition of school readiness on: literary, health and social and emotional readiness.

The Early Childhood Longitudinal Study, Birth Cohort (ECLS-B) found that children ages 0-5 that were either minorities or living below the poverty line, experienced disparities in their school readiness abilities compared to their peers. The ECLS-B found that this gap only widens as the children get older. For example, the study found that nine-month-olds living below the poverty line lagged behind their peers in three of the five tested cognitive skills but the differences were not very large\(^5\). This is by contrast to the findings of this study when the cohort was two years old. At two, those children living in poverty fell behind their peers in every cognition test given. Similarly, at nine months old, the children of various races did not show any significant dif-

---

\(^5\) 81 percent of nine-month-olds in poverty were proficient in ‘exploring purposefully’ versus 84 percent of those living at or above the poverty line.
ferences in cognition abilities. By two, the black, Hispanic and Native American children had fallen behind their white and Asian counterparts. By four years old, the gap had widened even further (US Department of Education, 2009).

1.7 Educational Landscape in Roxbury

Compared to the City of Boston as a whole, educational attainment in Roxbury is low with only 23.4% of the population obtaining more than a high school diploma. In Boston, 38.7% of the population has more than a high school diploma (U.S. Census Bureau, 2012).

At the Samuel W. Mason Elementary School, the closest public elementary (kindergarten-5th grade) school to the DSNI offices, 53% of 3rd graders scored as “Needs Improvement” or “Warning” on the 2012 English Language Arts MCAS test (Massachusetts Department of Elementary and Secondary Education, 2012).

Assuming that children live in the same relative area for their kindergarten-12th grade education, graduation rates are an important indicator of successful education strategies executed by the school district and administration. At the end of the 2012 school year, Madison Park High School, the closest public high school to the DSNI offices, graduated 68.9% of its students. The Massachusetts Department of Elementary and Secondary Education (DESE) ranks the high school amongst the lowest performing 20% of high schools in Massachusetts (Massachusetts Department of Elementary and Secondary Education, 2012). The Massachusetts DESE classified 86.3% of Madison Park’s students as low-income and 55.7% as limited English proficient (Massachusetts Department of Elementary and Secondary Education, 2012).

Because of Boston Public Schools’ system of school choice, not every child at Samuel W. Mason Elementary or Madison Park High School may live in Roxbury, but we felt it was an important indicator of educational

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6 The Massachusetts Comprehensive Assessment System (MCAS) is a standardized test taken by all public school students in grades 3-10, excluding 9th grade. MCAS results are used for: improvements in teaching and learning, school and district accountability and student accountability (Massachusetts Department of Elementary and Secondary Education, 2012).
achievement and attainment nevertheless.

### 1.8 Research Question

Our research question in this project is two-fold: How do parents from cultures in the Dudley neighborhood prepare their children for school, particularly in the areas of literacy, health, and social and emotional well-being, and how can a survey best measure this?
CHAPTER 2: LITERACY

In order to delve into the topic of early childhood literacy and parental engagement, it is first important to understand the basic mechanics of literacy and the ways through which this is traditionally built. Because this project has a specific focus on a multi-cultural population, it was also important to explore some of the less traditional ways in which literacy can be built. Finally, the income demographics of the DCT population made it necessary for this project to also examine low-income literacy and ways that it differentiates from more affluent families’ literacy skills.

2.1 Traditional Literacy Building

Traditional literacy building methods focus on three main areas: phonological awareness, comprehension and print awareness (Rafoth, Buchenauer, Crissman, & Halko, 2004). Phonological awareness is defined as “the ability to attend to and manipulate units of sound in speech (syllables, onsets and rimes, and phonemes) independent of meaning” (Yopp & Yopp, 2009). Print awareness is “noticing print everywhere; knowing how to handle a book; knowing how we follow the words on a page” (Loudoun County Public Library). Reading with their children is the best way for parents to emphasize phonological awareness (Bus & Van Ijzendoorn, 1999).

While there are many ways that parents can engage their children in literacy activities, “reading aloud to young children may be one of the most beneficial home learning experiences parents provide,” (DeBaryshe & Binder, 1994). Beyond the practice of developing literacy mechanics, Neuman (1996) argues, “as an intensely social activity, book reading provides
an interactive context for children to acquire and practice developing verbal and conceptual skills.”

In addition to reading books, experts also suggest that parents play spelling games, sing songs that have new words and point out words in their environment as often as possible (Rafoth, Buchenauer, Crissman, & Halko, 2004).

### 2.2 Non-Traditional Literacy Building

According to Neuman & Gallagher (1994), engaging children in literacy building activities is seldom through direct, formal instruction. They note that by performing everyday tasks that involve print, such as paying bills, buying groceries, or reading signage, children are able to at the very least, understand the way in which reading and recognizing print is an essential part of every day life. They also acknowledge that the context through which parents do this is largely dependent upon the parents’ social and cultural norms.

Because the Dudley neighborhood is incredibly culturally diverse, many parents may hesitate to read books in English with their children because of their own literacy skills or comfort level with reading and communicating in English. Nathanson-Mejia (1994) suggests that oral stories from other countries and cultures are also an extremely useful tool in building a child’s at-home literacy.

She also cites bringing children to the public library as an effective way to build literacy and also builds the child’s interest in reading.

In 2005, the National Center for Education Statistics reported that 91.9% of White families practiced reading to their children ages 3-5 while 78.5% of Black parents and 71.8% of Hispanic parents engaged in this practice. By contrast, only 52.1% of White parents, as compared to 56.4% of Black parents and 59.1% of Hispanic parents, taught their children through songs or music (US Department of Education, 2006).

### 2.3 Low-Income Families and Literacy

Being from a low-income family alone does not automatically place a
child at a disadvantage in terms of literacy building. In fact, Neuman (1996) argues that “many poor families can and do provide rich literate environments” (Neuman, 1996). However she also acknowledges that low-income status can have been a factor in terms of access, which can affect long-term school success and achievement.

Wells (1985) argues that the importance and priority given to literacy in the everyday activities of parents is a strong indicator of social and educational inequality that permeates from generation to generation. Neuman & Gallagher (1994) go on to say that, “parents with low-level literacy skills may not be aware that certain activities, materials, and types of interactions in the home can play an important role in early literacy development.”

In the first year of life, children’s brains acquire a tremendous amount of information. Early childhood, which is usually categorized as birth to eight years old, is the most critical time in brain development and absorption of information. Infants who are able to distinguish the building blocks of speech at six months old are more likely than others to learn to read before their peers. Children who master basic reading skills very early on are much more likely than their peers to have higher lifetime earnings and enter more skilled jobs later in life. For this reason, we are focusing on parental engagement in literacy building as a fundamental element of school readiness (Michigan Department of Education, 2002).
CHAPTER 3: HEALTH

There is no doubt that good health plays a major role in a child’s ability to perform well at school. School preparation, in terms of health, begins when the baby is still a fetus, and continues beyond school entry. This includes maternal health, nutrition, physical activity, and many other factors that influence health. If a child is not healthy from the beginning of its development and throughout the first five years of life, it is unreasonable to assume the child will be able to perform at the appropriate level once school begins (Janus & Duku, 2007). Similarly, a mother’s health is critical in a child’s development. Poor prenatal health creates a high likelihood for poor birth outcomes, which then negatively affects a child’s development, and may in turn contribute to the school readiness gap.

Income level can be a driving factor behind both poor maternal and child health (Fiscella & Kitzman, 2009). Low-income families are more likely to suffer from health issues. As a result, children growing up in poverty are more likely to have cognitive, language, and social and emotional delays that can be detected as early as 3 years old (Fiscella & Kitzman, 2009). Low-income mothers are less likely to breastfeed their babies. Researchers have found that breastfeeding is important for brain development from the nutrient-rich breastmilk, which also provides antibodies that can...
prevent disease; it is also a time for bonding between a mother and baby. In the Dudley neighborhood, 27% of the population falls below the federal poverty level (Dudley Street Neighborhood Initiative, 2012). In the US, children of color are more commonly poor than white children, which is especially significant in the DCT population where 72% of the population is African American and Cape Verdean and only 4% is white (Currie, 2005 & Dudley Street Neighborhood Initiative, 2012).

Currie (2005) found that racial differences relating to health problems could make up as much as one quarter of the school readiness gap. Some of these health problems include asthma, attention deficit hyperactivity disorder (ADHD), lead poisoning, and maternal health problems. Asthma is the most prevalent health concern, which is linked to environmental toxins such as mold and smoke, and may result in missed school due to illness and doctor’s appointments. ADHD is the most commonly diagnosed mental health problem in children and affects cognition more than any other behavioral or chronic illness. Children with ADHD have more difficulty in school, are more likely than their peers to repeat a grade, and are by definition not school-ready (Currie, 2005). Though lead paint is no longer used, it still exists in many older, or non-updated homes. Because many of these non-updated homes can be found in low-income areas, children living in them are at higher risk of exposure to lead. Lead poisoning can cause irreversible neurological damage that may cause cognitive and behavioral problems and affect a child’s abilities and school performance. This brain damage is permanent, not only affecting a child’s school readiness, but their abilities throughout their educational lives and into adulthood (Leventhal & Newman, 2010).

3.1 Parental Contribution to Health Through Play

Despite these statistics and
even with limited resources, there are things parents can do to positively influence their children’s health and ensure their children are ready to start school at the same level as their peers. For example, play is often overlooked, but is something that people of all incomes and backgrounds can engage in. It is an extremely important part of a child’s healthy development because it, “allows children to use their creativity while developing their imagination, dexterity, and physical, cognitive, and emotional strength,” (Milteer et al., 2012). Play also aids in healthy brain development, which is crucial for school readiness. With such busy lives, many parents rely on technology to involve passive modes of playing, but actively engaging with a child allows for bonding to occur, helps children learn many of the social cues that are needed in school settings, and creates many opportunities for learning to take place. Another healthy benefit of playing comes from physical activity, and getting children active and moving. Organizing playgroups for children that are two to three years of age, and can begin to play together, gets children moving around and allows them to learn how to navigate social situations (Milteer et al., 2012). 22% of DCT families reported participating in playgroups within the last six months (DCT, 2012). Reading and singing songs are both forms of play that are positive activities that help children learn and can be done with a child at any age (Milteer et al., 2012).

3.2 Nutrition

Aside from playing, nutrition at home in the early stages of life plays an essential role in health and school readiness. Many elementary and preschools now provide breakfast and lunch for students, but parents are the role models at home for eating and healthy habits. Pregnant mothers can provide their children with a good start by eating healthy
throughout their pregnancy. Once children are old enough to make decisions about what foods they prefer or dislike, it is the parent’s job to expose them to a large variety of healthy options. Toddlers commonly dislike new foods, but parents should continue to offer them to their child as their conceptions and preferences for different foods will change. Eating dinner as a family encourages healthy eating habits as well as promotes social and emotional wellness through bonding. In addition, discussions during dinnertime can contribute to vocabulary building. Ensuring healthy snacks are available, such as fruits and vegetables rather than processed foods, allows a child to make positive choices for themselves, which they will continue to use outside of the home (Lindsay, Sussner, Kim, & Gortmaker, 2006).
CHAPTER 4: SOCIAL AND EMOTIONAL WELLNESS

In addition to literacy and health, a child’s social and emotional wellness is important to their success in school. The literature also refers to social and emotional wellness as social and emotional development, social and emotional well-being, and social competence. Positive social and emotional development is defined in the literature as a child’s ability to regulate emotion and behavior, interact appropriately with adults and children, and communicate needs and feelings effectively (Piotrkowski, Botsko, & Matthews, 2000). Furthermore, children who exhibit positive social and emotional competence show greater interest in engaging in the world around them, and have the ability to adjust and cope in changing environments (Raver & Zigler, 1997). This chapter will discuss social and emotional well being as it pertains to school readiness. Specifically, it will go into detail about the ways in which a child is able to interact and relate to others, how parental engagement and interaction develops a child’s social competence, and how disparities can contribute to poor social and emotional wellness.
4.1 Social Interaction and School Readiness

Improperly developed social skills can be detrimental to a child’s ability to interact with adults and other children. Although social and emotional wellness has often been neglected as a component to school success, several studies are beginning to show a strong relationship between internalizing problems (e.g. anxiety, depression, learning disabilities), externalizing problems (e.g., aggression, inattention, impulsivity) and academic underachievement (Bagdi & Vacca, 2005). The link between externalized behavioral problems and academic underachievement can become apparent as early as preschool, (Ramsey & Ramsey, 1998) Research suggests that children with early behavior problems have trouble paying attention, relating to others, and regulating their emotions, all behaviors that can lead to poor school performance (McLeland, Morrison, & Holmes, 2000). Children with academic problems are likely to experience frustration, decreased interest in learning, and diminished self-esteem (Tremblay et al, 1992). This can increase the likelihood of a child becoming disruptive, non-compliant, overactive, and inattentive, thereby exacerbating possible existing learning problems.

4.2 Parental Engagement in Social & Emotional Development

In conjunction with several policy changes and new initiatives addressing school readiness, studies have looked at what parents can do to promote healthy social and emotional development during early childhood. Children will learn a lot from their parents regarding the appropriate expression of emotions and behaviors, possible reactions to others’ positive and negative emotions, and the nature of social cues (Eisenberg, Fabes, Carlo, & Karbon, 1992). “A parents’ emotion displays and reactions to others dispositions are highly salient to their preschoolers, forming important foundations for children’s social and
emotional development,” (Halberstadt, 1991). Furthermore, how a parent responds to their child’s temperaments, appears to be an important predictor of preschoolers’ emotional competence and their overall social competence.

### 4.3 Disparities in Social and Emotional Wellness

As previously stated, it is important to note and discuss disparities among children when addressing school readiness. Children from lower socioeconomic statuses (SES) and who are minorities are at higher risk of poor social and emotional development (Luster & Pipes McAdoo, 1996). This has been attributed to the stresses and stigma associated with living in poverty. These stressors can lead to internalized and ultimately externalized problems that are correlated with academic underachievement (Raver, 2002). Additionally, the stigma associated with poverty often corresponds with a lack of protective factors, and social and human capital in many low-income communities (Arnold, 1997).

Social capital is defined as social support from dependable people and communities. Human capital is the individual attributes and competencies a person has that allow them to cope and maneuver tough situations. As previously mentioned, many children living in poverty may fall behind academically because of these problems (Barbarin, 2002).

In regards to the development of our survey, examining social and emotional development proved to be an important factor in school readiness. A child’s ability to negotiate social situations and their self-esteem are strong
predictors of a child’s ability to perform well in school. Parents play a key role in developing this confidence and competence through their own actions and how they respond and coach their child’s behaviors and emotions.

Unfortunately, barriers to resources and the experience of stress can hinder a parent’s ability to build their child’s social and emotional competence properly. This survey seeks to capture ways in which parents in low-income families build their child’s social and emotional competence despite the odds.
CHAPTER 5: INTERVIEWING, SURVEY DESIGN & LIMITATIONS

Studies in social science use various qualitative and quantitative methods to learn about different populations. Depending on the focus of the study, different techniques and tools are used and developed to gain a better understanding of the cultures, attitudes, and behaviors of populations (Bradburn, Sudman, & Wansink, 2004 and Rubin & Rubin, 1995). For instance, researchers have examined issues such as the quality of neighborhoods, what happens in families, or how organizations set their goals (Weiss, 1994). It was important for our team to initially explore the most effective way to develop a survey that elicits answers not captured in traditional surveys. In order to ensure our survey is reliable and valid we had to examine the literature and learn more about asking the right questions, asking sensitive questions, and controlling for social desirability bias.

5.1 Asking the Right Questions

According to Weiss (1994) the research aims should guide the method of choice for any study. In this case, we had very few examples of school readiness measurements that looked at parents similar to those in the Dudley area. When researching survey development and design it became apparent that we needed to first identify variables and frame our hypotheses (Weiss, 1994). In order to do this, the literature supports using qualitative interviews. Qualitative interviews often fill in the gap for studies that do not have a lot of prior research to ground it. The descriptions of processes that are likely to emerge from a qualitative interview can inform quantitative investigators about matters in this topic (Weiss, 1994).

5.2 Key Informants

Asking the right questions can only be effective if you are asking the
right people. With this in mind, the use of key informants was utilized as a form of qualitative interviewing. A key informant is defined as, “a knowledgeable insider willing to serve as an expert of knowledgeable, marginal, or disaffected figures within the system” (Bradburn, Sudman, & Wansink, 2004). When using key informants, there are a small number of people who are interviewed in order to gain a more in depth perspective from the interviewee. The benefit of this method is that the interviewer is able to get more detailed information from the participant’s personal experiences and expertise; the interviewer merely guides the conversation. Key informants can provide more reliable information that can inform the development of quantitative tools. However, there may be some loss in quality of information because of the smaller sample size (Krumpal, 2011).

5.3 How to Ask Sensitive Questions

Using key informants is mostly associated with studies that ask sensitive questions. These studies may be about socially undesirable behaviors such as drug abuse, criminality, or sexual behaviors. This may also include socially desirable behaviors such as owning a library card or wearing seat belts. Raising children can be considered a sensitive topic (Bradburn, Sudman, & Wansink, 2004). Many parents do not feel it is the place of others to interfere with the way they raise their child. When dealing with sensitive topics such as these, Weiss (1994) suggests establishing a reliable research relationship, defining why the information is needed, understanding the study’s goals, ensuring confidentiality, and being considerate of socio-economic status, race and ethnicity. Our initial concern in dealing with such a sensitive topic was that we would receive distorted information from our participants. Fortunately, people are more likely to tell sensitive things to a stranger because they will never see them again and their name is often not associated with their answers (Krump-
al, 2011). According to Bradburn, Sudman, and Wansink (2004), when dealing with sensitive topics, such as raising children, using key informants can also help decrease the possibility of socially desirable answers.

5.4 Controlling for Social Desirability Bias

When discussing the topic of raising children is to make sure that the respondent’s are not misreporting their answers according to what they believe are appropriate or inappropriate behaviors, which is known as social desirability bias. Social desirability bias occurs when the respondent is concerned with self-presentation. The survey respondents underreport socially undesirable activities and over report socially desirable ones (Krumpal, 2011). Frequently respondents will try to represent themselves to the interviewer in a way that reflects well on them. Furthermore, if respondents have acted in ways or have attitudes that they feel are not the socially desirable ones, they are placed in a dilemma to either report accurately or appear to be a good person in the eyes of the interviewer (Bradburn, Sudman, & Wansink, 2004). This was important to consider in our study because we were looking to create a reliable and valid survey tool.

5.5 Previous Studies

Previous studies that examine beliefs about school readiness have often used surveys. Diamond, Reagan, & Bandyk (2013) examined parents’ conceptions of kindergarten readiness and how race, ethnicity, and development affected their beliefs. Existing data was used from the National Household Education Survey (1993). The survey consisted of questions about parents’ school readiness beliefs, their child’s experience in early childhood programs, and participation in home and community activities. The study, similar to our own, focused on parents’ decisions about their own child, rather than on their ideas about kindergarten in general. Parents were asked to rate their beliefs on a five
point Likert scale from not important to extremely important. They were then asked to indicate whether their child performed a certain skill, and the frequency of which their child engaged in certain activities, along with other open ended questions. Ultimately the study reported there might be racial and cultural differences in conceptions of schooling, especially in regard to a parent’s belief that they have good, readily accessible alternatives to sending their child to kindergarten or their ability to delay their child from going to kindergarten.

Another study done by Pi-otrkowski, Botsko, and Matthews (2001) looked at parents’ and teachers’ beliefs about children’s school readiness in a low-income community. The researchers were looking to see if there were differences in the way parents thought about school readiness as opposed to early childhood teachers, and kindergarten teachers. They developed a survey called the Community Attitudes on Readiness for Entering School (CARES). Very similar to our own study, this survey assessed health, basic self-care, social and emotional maturity and self-regulation, interaction with peers, interest and engagement in the world, motor skills, cognitive knowledge, communication, and adjustment to the classroom setting. The researchers used other behaviorally anchored items adapted from existing surveys that tapped school readiness beliefs to inform their own survey development. The survey used a 4-point Likert scale indicating how important they believed a behavior or characteristic was for a child who will begin kindergarten in the fall. The results of the study found that parents’ and teachers’ beliefs about school readiness did vary.

5.6 Literature Review Limitations

A limitation we found is that there are multiple definitions of “school readiness,” and what it really entails. Due to this lack of clarity, it was difficult to find and use recent studies that could fully inform the
looking at school readiness in low-income areas, as opposed to our assets approach. Nevertheless, the literature review was helpful in that it gave our team direction, and provided us with several methods to consider using to gain the information needed to design our survey.

devlopment of our survey tool as it pertained to literacy building, health, and social and emotional wellness. Additionally, much of the literature focuses on teachers’ and parents’ perceptions rather than parental actions and engagement. Also, many of the studies have a deficit approach to
CHAPTER 6: METHODOLOGY

6.1 Creation of Initial Documents

The first step of our project was to create a consent form for the key informant interviews, a consent form for the pilot survey, and a script for the key informant interviews. To create the key informant interview script we wrote questions aimed at gathering information we may not be able to find in a typical literature review about the DCT population—specifically their parenting techniques. We tested this script by interviewing two volunteers from the Tufts community, and made edits where necessary.

6.2 Tufts Institutional Review Board (IRB)

Before any interviews could take place, we were required to submit our consent forms for the key informant interviews, as well as the script for the key informant interviews. Due to the nature of our interview questions, in that we are asking personal information about families and their habits at home, we used the Expedited Review form. Please see Appendix A for these forms. After some minor changes to our documents, we received IRB approval on March 6th, 2013. With this approval, we were able to begin contacting participants for interviews. Please see Appendix B for copies of these approved documents.

6.3 Participant Recruitment

All participants in this study were utilized on a volunteer basis. For the key informant interviews, DSNI provided our team with a contact list of parents that were already largely involved in DSNI activities. We called these parents and scheduled interviews with those members that were interested. The pilot survey was emailed to a listserv of DCT members. Anyone that received the email could choose to participate or not,
based on their selection on the online consent form. All participants were able to understand and communicate using English.

6.4 Participant Incentives

While many participants were happy to speak to us about their children regardless of an incentive, all key informants were entered into a raffle for a $25 Target gift card provided by DSNI. They also received 5 points as part of an internal DSNI system that can be redeemed for special prizes. For the pilot survey, the first 15 participants were entered into a drawing for a $25 Target giftcard, and the first 50 participants were also allotted 5 DCT parent reward points. Since the survey itself was anonymous, people were allowed to email DSNI stating they had completed the survey to receive their points based on an honor system.

6.5 Key Informant Interviews

The key informant interviews were a crucial part of our methodology. Since we were tasked with creating a survey that measured unique and positive ways of preparing children for school, standard surveys alone would not be sufficient to collect this data. The data we received from the key informant interviews allowed us to develop our pilot survey that assessed the unique behaviors of parents in DCT. Please see the Findings Section for specific details of these interviews.

We conducted four interviews throughout March and April of 2013 at the DSNI offices in Roxbury. All participants understood, agreed to, and signed the IRB approved consent form before they were interviewed. We used the IRB approved script to guide conversations and take notes as we conducted interviews with parents.

6.6 Pilot Survey

The information we received from the key informants allowed us to create a pilot survey and incorporate feedback we received from our key informants into the survey. The survey specifically addressed the practices of the DCT population. The survey questions were populated into an online survey using GoogleForms. Once we
created the survey, we submitted a Request for Protocol Modification for IRB approval, which included an updated consent form, the online pilot survey link, a Microsoft Word version of the pilot survey, and a script to be used when contacting participants via email. We received IRB approval on April 23rd, 2013.

Participants received a link to the survey through a DCT email list-serve. In order to begin the survey, participants had to first read and agree to the consent form. The pilot survey began with basic demographic questions and followed with questions related to parental engagement. Please see Appendix C for a paper copy of the online consent and survey as well as the accompanying consent form and email script.

6.7 Analysis of Pilot Data and Final Survey

Our deliverable to our client, DSNI, was a finalized survey we created through this semester long process. Once we finished piloting the initial survey, we analyzed the data from the 22 completed surveys; we received valuable information from both the key informants and the pilot survey to create our final survey. From the responses of the pilot survey, we were able to determine that out of the 27 children measured (17 respondents had 1 child and 5 respondents had 2 children, thus 27 children) only 5 children were 1 year old or younger. Therefore, our survey captured the behaviors of parents with children typically between the ages of 2-5, specifically the ages that are appropriate for preparing for school. The survey was crucial to determine this data.

Once we knew that the survey was measuring our target demographic, we determined which questions were important, and which should be removed from the survey, using a variety of methods. For example, when we found that respondents typically gave the same answer on a few questions, it made us re-think the importance and the wording. We decided if the question was aiming to measure valuable data, and if so, we either reworded the original phrasing or added a more detailed follow-up question. We could
also see that some topics were important based on how many parents had the same answers, and needed an additional question added to the final survey to measure more information. Initially, in creating the pilot survey, we used Likert scales to try and avoid social desirability bias. Once the pilot survey was complete, the Likert scale was useful in demonstrating that bias, which allowed us to change the initial wording and ask the question in a different way.

The survey tool that we used, GoogleForms, created charts for each survey question. These charts were our main tool when analyzing the pilot survey, as mentioned above, and creating the final version. Please see Appendix D for these charts. Though the pilot survey was done online, we created Microsoft Word documents of both the pilot and final surveys; DCT can alter the final survey as their program needs and evaluation develops and changes. Please see Appendix E for the finalized survey.
Taking notes. Through the other pilot interview we discovered that cultural differences played a key role in how parents express their love for their children. For example, we learned that some cultures may be less verbal and physically affectionate in the ways they show ‘love’ to their child.

Similar to our pilot interviews, Dudley parents expressed how differences in their cultures contributed to how they prepare their children for school. One parent spoke about using her native language to teach her child. “[My child] and I always talk in English but I’m trying to get her to have more conversations in Spanish. She can learn good English at school.” Another parent spoke about using online blogs and websites to learn more about school readiness and proper child development. A different parent spoke about going to the library to ensure her child had books to read and workbooks to
learn from. “I can’t afford to buy all those books so I go to the library and get workbooks, or borrow from my friends and I make copies at work so I can bring them home to him. We do some kind of activity every night for at least 30 minutes. I’m so busy all the time, but those 30 minutes are our time to learn. It usually turns into an hour!” Because we did not reach our intended ten interviewees we continued to reach out to parents for interviews. Unfortunately, we were not successful in obtaining any more interviews before the end of our project.

7.2 Pilot Survey Findings

The online pilot survey link was sent by email to the DCT population via a listserve. Due to time constraints we only received 22 responses when our goal was 30. The pilot survey was intended to ensure the questions on the survey were valid and reliable. The final question on the survey provided space for participants to give additional feedback and comments. It read: “Please let us know if you have any additional questions, comments or feedback.” The goal of this question was to elicit responses that could be use to edit and restructure the survey. Out of 22 respondents only three respondents offered any feedback. Unfortunately, the feedback we received was directed towards the DCT/DSNI programs and not the survey itself. It was apparent that the request for feedback and comments should have been more specific and intentional. For example we should have asked questions such as “Was this survey easy to understand?” and/or “Are there other ways you prepare your child for school that are not mentioned in this survey?” as opposed to just using an open-ended text box.

Although we did not use the specific answers parents gave to inform our research, we did use response rates and types of responses in an effort to assess the social desirability bias each question may have had. The survey consisted of approximately 28 questions. Some of the questions required participants
to elaborate on their answers. First, it captured demographic information including number of children in the home, ages of children, languages spoken in the home, childcare arrangements and the families’ involvement with DCT. Next, participants were asked about their beliefs and knowledge regarding school readiness. For example, one survey question asks, “Do you feel like you are aware of the basic school requirements for a child entering kindergarten?” 86% of respondents answered yes to this question. The survey continues with questions about activities families may be involved in such as community activities or activities hosted by DSNI. 29% of respondents answered they have participated in activities at other community organizations in the past 30 days. The rest of the survey questions deal with the three components of literacy, health, and social and emotional wellness. Some questions capture more than one component at a time. For example, the survey asks, “In the last week, how many times did your family sit down for dinner together?” This question deals with health, but also social and emotional wellness in that sitting down for dinner together encourages conversations and other social competence lessons.

Through the responses to the survey our team was able to analyze and finalize questions for our final deliverable. We looked at the distribution of answers for each question, and discussed if the question was needed or required editing. Some of the questions offered interesting responses. For instance, when we looked at the question “Where do you look for tips on how to prepare your child/children for school?” it showed that 21% of participants used online sites to find school readiness tips. This was something we had not considered before designing our survey. Another question our team discussed further was, “In the past 30 days, have you and your child/children visited the library?” 59% of respondents answered yes (See Figure 7.1 for selected survey results). While analyzing we decided we
needed to expand the question to capture if families also checked out materials while at the library. Our team also found the responses to the question “How important is it to you to have a relationship with your child/children’s pediatrician?” interesting. Out of 22 respondents 21 answered very important to the question. Our team decided to edit this question to capture the level of satisfaction the parent has with their relationship with their pediatrician. The group decided to leave the final question about how parents show affection as an open-ended question to accurately capture the different things parents are doing to show their child love. For example, one response was, “I set aside date days with each of them (when time permits!) While we are out, I make certain to express my love to them in the language they speak (physical touch, words of affirmation, quality time, gifts or acts of service.” An answer such as this would be difficult to capture in a multiple-choice question. For a full summary of the pilot survey response data, please

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**Figure 7.1: Selected Survey Responses**

<table>
<thead>
<tr>
<th>Where do you look for tips on how to prepare your child/children for school?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online (Blogs, Web)</td>
</tr>
<tr>
<td>Pamphlets, brochures</td>
</tr>
<tr>
<td>Magazines</td>
</tr>
<tr>
<td>Books</td>
</tr>
<tr>
<td>Television</td>
</tr>
<tr>
<td>Parenting groups</td>
</tr>
<tr>
<td>DSNI or other community groups</td>
</tr>
<tr>
<td>Friends and family</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In the last 30 days, how many times have you and your child/children been to the library?</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-4 times [3]</td>
</tr>
<tr>
<td>5+ times [2]</td>
</tr>
<tr>
<td>0 times [0]</td>
</tr>
<tr>
<td>1-2 times [8]</td>
</tr>
</tbody>
</table>
7.3 Project Limitations

There were several limitations to the development and implementation of our survey. These limitations included a small sample size for key informant interviews with little diversity among our key informants, a small number of pilot survey respondents, no relevant responses in the final feedback and comments area on the pilot survey, and challenges recruiting participants due to invalid contact information.

We were not able to interview the intended number of key informants, and the interviews we did conduct lacked a diverse perspective. Out of the five major racial/ethnic groups in the Dudley neighborhood, we were only able to interview parents of African American and Latino descent. Additionally, we did not conduct any interviews with fathers or grandparents in the area.

Due to time constraints during the survey piloting phase, we were not able to gather enough responses, or receive enough feedback to confirm the survey is a useful tool for DSNI and measures what we intend for it to measure.

Another challenge that we faced was the flexibility required on our part regarding recruiting participants and scheduling interviews. Recruiting participants proved difficult because many of the phone numbers and emails we attempted to use were invalid.
7.4 Recommendations

Through the development and piloting of the survey we learned a lot of valuable lessons. Looking back, we can now recommend the following for those who are involved in a similar survey design process and working with a similar population:

- Allot enough time for recruitment, survey design and implementation of the survey. Parents have busy schedules and parents in low-income neighborhoods, like Dudley, often lack the resources and support to volunteer for research studies. Allotting ample time for a project such as this will ensure a better final survey.

- Give people in populations like the Dudley neighborhood options in the ways they can participate in a study. By giving our population options would have allowed us to get more participation from busy parents. This can be achieved by incorporating phone interviews for the key informant interviews. Many of the parents we contacted could not find the time to come to our interview location. Phone interviews would have given them the opportunity to participate.

- Provide childcare to help increase parental participation. Many potential interviewees declined to participate because they could not find childcare during the time the interview would be held.

- Use multiple technologies to collect survey data. For example, sending a survey link through text messages to reach parents who do not have a valid email address, or who only have a phone number.

Employing our recommendations of allotting ample time for recruitment, survey design and implementation; providing options for participation; and using multiple technologies to collect survey data can contribute to higher participation, and in turn a well informed survey.
7.5 Conclusion

DCT seeks to prepare families with children ages 0-5 for academic success. In order to develop an effective program, it is important to measure ways parents are engaging in school readiness in the Dudley area and what parents are already doing to prepare their children for school. Parental engagement in school readiness is not easily defined or measured, especially for families living in culturally diverse and low-income neighborhoods. Traditional tools that measure school readiness often exclude different cultural and linguistically diverse practices and behaviors parents use to prepare their children for school. Additionally, many surveys often examine what parents are not doing, rather than what parents are doing with the resources available to them.

We developed and piloted a survey with the intention of measuring non-traditional ways in which parents in the Dudley neighborhood engage in school readiness activities with their children as it pertains to literacy, health, and social and emotional wellness. We wanted to ensure the survey questions being asked were easy to understand, and relevant to the lifestyles and resources available to the families in the Dudley area. Through the survey design process we learned valuable lessons about working with populations like DCT’s. Most notably, we learned the importance of allotting ample time for outreach and recruitment, and the importance of being flexible and providing options for parents with busy schedules can participate.

While we believe our research and survey design process will allow DCT to develop a baseline for their program development, it is important to note that many of the limitations we faced, such as trouble recruiting participants, were due to larger societal issues connected to lack of resources and opportunities. SES and race play a significant role in parent’s inability to participate in traditional school readiness activities. These larger issues should be kept in mind
when working with populations similar to DCT’s.

We are confident DCT’s hard-working and exceptional staff will be able to further develop a fantastic school readiness program to address some of the school readiness gaps that exist for families in the DCT area. An essential part to the program development will be parental engagement and participation. This will ensure appropriate resources are made available to them. We hope that DCT’s program will continue to support and encourage its community to actively engage in school readiness for all young children.
REFERENCES

All photos by ©Travis Watson Photography


Loudoun County Public Library. Birth to 6. Loudoun County Public Library. Loudoun County Public Library.


Appendix A: IRB Expedited Review Protocol Application
I. **Research Question/Hypothesis** *(approximately 1-3 sentences)*

What kinds of activities do parents in the Dudley neighborhood engage in to prepare their children, 0-5 years old, for school?

II. **Rationale for the Study**

The UEP field projects team has been assigned to work with a community organization called Dudley Street Neighborhood Initiative (DSNI) in Roxbury, MA. This community organization has various programs dedicated to serving the families in the Dudley community. We have been asked to work specifically with their Dudley Children Thrive (DCT) group. DCT is under the umbrella of the Boston Children Thrive in 5 initiative whose goal is to bring communities together to support young children age 0-5 by ensuring that every parent and caregiver has skills, confidence, and knowledge they need to be leaders in their children’s learning and development. Dudley is just 1 of 5 neighborhoods that are implementing programs to meet these goals for the parents and children in their communities.

The UEP field projects team has been asked to help create a baseline survey for the DCT program design. The survey is intended to find out what parents in the Dudley community are already doing to help prepare their children age 0-5 for school, so the DCT group can design an effective program around what is already being done, and what skills and knowledge the Dudley parents need to learn.

The purpose of this protocol application is to receive approval to first conduct interviews with 10-15 parents in the Dudley neighborhood to gain a better understanding of behaviors and practices already being done by parents to prepare their children age 0-5 for school. Then compile the data into a pilot survey based on the information we gain from our interviews, pending a submitted protocol modification and approval. Finally, based on the findings from the pilot we will then use the information to develop a final version of the survey for continued use by the DCT group as a baseline for their program design and implementation. Also, the field projects group will write a written report and give a presentation detailing the process and rationale used to develop and pilot the survey.

III. **Research Design**

<table>
<thead>
<tr>
<th>A. Research Methods</th>
<th>Quantitative</th>
<th>Qualitative</th>
<th>Mixed Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Describe:</em> To create survey we will use information gathered from key informant interviews and a pilot survey.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. Data Collection Method(s) |
| Key informant interviews and pilot survey |

| C. Expected Completion Date | 4/30/13 | OR | Expected Duration of Study |

IV. **International Research Only** *Please skip to section V if you are not conducting international research*

A. Please explain in this section and/or in the appropriate sections in the remainder of this document how the cultural/political/social context will impact the way you obtain informed consent and/or conduct your research. *For example, in some countries you might be required to obtain permission from the Chief of a village before approaching any villagers.*

n/a

B. If applicable, please describe any additional information about the local conditions that may affect the research procedures. *This is a forum for the investigator to describe how research will be conducted taking into account the local context.*

n/a

C. Host Country IRB Requirement

<table>
<thead>
<tr>
<th>1. Does the host country require this research to be approved by an IRB Committee or comparable ethics board?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please refer to the following website to see if your host country has this requirement: <a href="http://www.hhs.gov/ohrp/international/intlcompilation/intlcomp2013.pdf.pdf">http://www.hhs.gov/ohrp/international/intlcompilation/intlcomp2013.pdf.pdf</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Have you received approval from a local IRB Committee or comparable ethics board?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host Country Does Not Require</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If approval is required by a local IRB Committee or equivalent then final approval of this study will not be granted until proof of the approval is received.*

V. **Participant Population**

A. Location(s) of the Study and Number of Participants at each site (attach additional page if more than 4 sites).
V. Their program design and implementation. Also, the field projects group will write a written report and give a presentation detailing the process and findings from the pilot. We will then use the information to develop a final version of the survey for continued use by the DCT group as a baseline for a pilot survey based on the information we gain from our interviews, pending a submitted protocol modification and approval. Finally, based on the better understanding of behaviors and practices already being done by parents to prepare their children age 0-5 for school, then compile the data into need to be leaders in their children’s learning and development. Dudley is just 1 of 5 neighborhoods that are implementing programs to meet these goals specifically with their Dudley Children Thrive (DCT) group. DCT is under the umbrella of the Boston Children Thrive in 5 initiative whose goal is to MA. This community organization has various programs dedicated to serving the families in the Dudley community. We have been asked to work

VI. Participant Selection

A. What is the age range of the sample? Select all that apply *If minors are included, please answer the following:

<table>
<thead>
<tr>
<th>0-6*</th>
<th>7-17*</th>
<th>18-65</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Will researchers be alone with minors? Yes No

If yes, all research personnel that will be alone with minors must undergo a CORI check. Helpful information on the CORI check procedure can be found at: http://www.tufts.edu/central/research/IRB/cori.htm

2. Will research personnel be entering participants’ homes? Yes No

If yes, know that there is a possibility of being confronted with evidence of child neglect or abuse. Please provide the procedure for handling this information should this occur.

All researchers are trained mandated reporters. Researchers will communicate with supervisors regarding procedure.

B. What is the gender representation of the sample? Both genders Women Only Men Only

If either gender is excluded, provide justification.

C. Will any racial/ethnic groups specifically be excluded? Yes No

If yes, please explain any exclusion.

VII. Protected and Vulnerable Populations Consult the IRB Administrator for guidance if necessary.

A. Certain vulnerable populations are afforded additional protections under the federal regulations. Do human participants who are involved in the proposed study include any of the following special populations?

<table>
<thead>
<tr>
<th>Minors</th>
<th>Pregnant Women*</th>
<th>Prisoners</th>
<th>Fetuses</th>
<th>My research does not involve any of these populations</th>
</tr>
</thead>
</table>

*Note: Do not check pregnant women unless you are specifically recruiting this population.

B. Some populations may be vulnerable to coercion or undue influence. Does your research involve any of the following populations? Do you plan to specifically recruit one or more of the following population groups? Check all that apply under ‘Recruit’. Might a substantial portion of your participants fall into one or more of the following groups even though these groups are not the focus of the research itself? Check all that apply under ‘Likely’.

Recruit Likely

- Diminished capacity/Impaired decision-making ability
- Drug addiction, alcoholism, substance abuse
- Terminally or seriously ill
- Economically disadvantaged
- Persons not fluent in English
- Homeless
- HIV-positive participants
- Elderly
- Tufts University employees
- Tufts University students

My research does not involve any of the groups/categories above

VIII. Recruitment

A. Describe how individuals will be recruited and how long recruitment will take (if snowball sampling, describe initial participant recruitment). If there is more than one participant group, please explain how each group will be recruited.

Participants for the interviews will be recruited by the DCT group via phone or in person, and will first be asked if they are willing to participate in an interview with the field projects group. If they agree to participate in the interview the DCT group will pass their contact information along to the research team via email or phone. The participant will be contacted by research team via phone to be scheduled for an interview over the phone or at a location agreed upon by the interviewer and the participant. If the interview is scheduled for over the phone the participant will be asked to sign the consent form at the DSNI office with the DCT group before participating in their phone interview. The DCT group will provide approximately 10-15 participants for the interviews. These interviewees will be parents in the Dudley community with children age 0-5, and have knowledge of cultural parenting behaviors and practices that are not often seen in traditional school readiness measures.

Participants for the pilot survey will also come from the community of parents with children age 0-5. The DCT group will also contact Dudley parents via phone and/ or in person. They will ask them if they are willing to participate in the pilot survey. If they agree to participate in the pilot survey the DCT group will pass their contact information along to the research team via email or phone. The research team will contact the participant via phone to be scheduled for the survey over the phone or at a location agreed upon by the interviewer and the participant. If the pilot survey is scheduled for over the phone the participant will be asked to sign the consent form at the DSNI office with the DCT group before participating in the survey. The DCT group will provide about 15-30 participants to receive the pilot survey. These survey takers will also be asked to give feedback on how easy the survey is to understand and how appropriate the questions are for parents like them.

Although the Dudley neighborhood consists of a linguistically diverse population the interviews and pilot study will only be conducted with participants who are able to provide information in English* or something like that.
B. Recruitment Techniques (check all boxes that apply) A copy of all recruitment materials must be submitted with the application for IRB approval. All materials submitted need to include a 1 inch margin on one side of the document (bottom of the page recommended) for IRB approval stamp. Please do not staple documents.

<table>
<thead>
<tr>
<th>Advertisements</th>
<th>Letters to professionals/institutions</th>
<th>Telephone script</th>
<th>Brochures, flyers, and/or pamphlets</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail or web postings</td>
<td>Letters to parents/guardians</td>
<td>Letters to subjects</td>
<td>Other (explain): DSNI will reach out to potential participants</td>
</tr>
</tbody>
</table>

IX. Procedures

A. I am attaching a procedure section to the IRB Protocol Applications. Yes No
   If no, please explain in detail the procedures that participants will follow (from recruitment through the completion of participant intervention).

The study will include two components interviews and a pilot survey. Participants will only be asked to participate in one component of the study.

For the interviews, potential participants will be contacted by the DCT group. If they choose to participate, they will be contacted by the researchers to schedule an interview date, location, and time. Some interview may be conducted over the phone as well. If a phone interview is scheduled the participant will be asked to sign the consent form at the DSNI offices with the DCT group before participating. Upon meeting or talking with the researcher in a location and time agreed upon by the interviewer (s) and participant (i.e. DSNI office, their home, public location, or over the phone), participants will be asked to read and sign a consent form. Participants will have 15 minutes alone to go over consent form and make a final decision. Once consent has been given, researchers will conduct an interview lasting no more than an hour. The interview will consist of broad questions that will allow the researcher to probe for more information that can be useful in developing a culturally sensitive survey. Interviews may also be recorded depending on interviewer preference and consent of participant.

*For the pilot survey, potential participants will be contacted by the DCT group. If the participant chooses to participate, they will be contacted by the researchers to schedule a time, date, and location for the survey to be administered (i.e. DSNI office, their home, public location or over the phone). If the participant is scheduled to take the survey over the phone, the participant will be asked to sign the consent form at the DSNI offices with the DCT group before participating. Upon delivery of the survey, participants will be asked to read and sign a consent form. Participants will have 15 minutes alone to go over consent form and make a final decision. Once consent has been given, researchers will distribute the survey to participants. The participant can choose to complete the survey on their own, or have the researcher read the questions aloud for them to answer. At the end of the survey the participant will be asked to give feedback on the survey and how they think the survey can be improved for people like them.

*Because we will develop the survey based on information from our interviews we will be sending our survey for approval at a later date via protocol modification.

B. What is the duration of each participant's involvement in the study? Indicate all time frames, including initial and all follow-up procedures. The completion of the consent form and survey and/or key informant interviews should take no longer than one hour total.

C. Are you providing compensation to participants? Yes No
   If yes, please explain what type of compensation are you providing and the reasoning for providing this compensation. Any compensation must be included in the consent form.


D. Could this research uncover any incriminating information (i.e. drug use, child abuse, etc.)? Yes No
   If yes, please explain what possible incriminating information may be uncovered and the procedure for handling this information. This procedure should also be explained in the consent form(s). Additionally, a Certificate of Confidentiality may be required. Please contact the IRB Administrator for guidance.

X. Does this research involve instrumentation? Yes No
   If yes, please select all boxes that apply and attach copies of all instrumentation. All submitted materials need to include a minimum 1 inch margin on one side of the document for IRB stamping. Please do not staple documents.

<table>
<thead>
<tr>
<th>Surveys</th>
<th>Questionnaires</th>
<th>Photographs (presented to participants)</th>
<th>Video (presented to participants) Explain:</th>
<th>Audio (presented to participants) Explain:</th>
<th>Other Explain</th>
</tr>
</thead>
</table>

XI. Does this research involve online instrumentation? Yes No
   If yes, please answer the following questions below.

A. Which online survey engine will be used to present the survey(s)?

B. Please provide the link(s) to the online survey(s).

C. Will participants be able to complete the entire survey if they abstain from answering certain questions? Yes No
Interviews

Surveys

Advertisements

C.

B.

A.

C.  Are you providing compensation to participants?

A.  I am attaching a procedure section to the IRB Protocol Applications.

B.  page recommended) for IRB approval stamp. Please do not staple documents.

Recruitment Techniques (check all boxes that apply)

If no, please explain in detail the procedures that participants will follow (from recruitment through the completion of participant information. This procedure should also be explained in the consent form(s). Additionally, a Certificate of Confidentiality may be used to present the survey(s).

Which online survey engine will be used to present the survey(s)?

The completion of the consent form and survey and/or key informant interviews should take no longer than one hour total.

*Because we will develop the survey based on information from our interviews we will be sending our survey for approval at a later date via email.

choose to complete the survey on their own, or have the researcher read the questions aloud for them to answer. At the end make a final decision. Once consent has been given, researchers will conduct an interview lasting no more than an hour. The interview will consist of broad questions to be asked to the participant.

Participants will be asked to sign the consent form at the DSNI offices with the DCT group before participating. Upon delivery of the survey, participants will be asked to read and sign a consent form. Participants will have 15 minutes alone to go over consent form and make a final decision. Once consent has been given, researchers will conduct an interview lasting no more than an hour. The interview will consist of broad questions to be asked to the participant.

The study will include two components interviews and a pilot survey. Participants will only be asked to participate in one component.

D.  Have you also provided a paper copy of the online survey(s)?

It is required to submit a paper copy of the online survey with the protocol submission.

<table>
<thead>
<tr>
<th>XII. Does this research involve the recording of participants (audiotapes, videotapes, photographs, or other electronic media)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photographs</td>
</tr>
<tr>
<td>My research does not involve recording of participants (proceed to section XII)</td>
</tr>
</tbody>
</table>

A.  Please explain the purpose of recording participants. (e.g. presentations, website content, coding of facial expressions)

Depending on interviewers preference and pending consent from participant we may record participants during interviews in order to ensure that we obtain exact information from them and are able to quote participants accurately.

B.  Will the recordings be shown to anyone other than the research staff?

If yes, how will consent be obtained from research participants?

C.  How will confidentiality of electronic media be managed? Please explain the method for determining how confidentiality will be managed for each group/individual. Please be sure to include this information in the consent form.

All key informant interviews will be downloaded onto a locked computer and then deleted from the recording device.

<table>
<thead>
<tr>
<th>XIV. Debriefing Statement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>XV. Confidentiality</th>
</tr>
</thead>
</table>

A.  Explain how confidentiality will be managed. If confidentiality is not maintained (for some or all participants), please explain. Be sure to include the reasons for identifying these participants.*

There will not be any identifying information on the survey or interview document and will be kept in the care of the researchers at all times. The consent forms will be stored separately at DSNI offices in a secured location.

B.  Where will the data be stored and who will have access to the data? Data must be stored in a secure location.

The consent forms will be stored separately at DSNI offices in a secured location.

C.  Data Coding

1.  Will identifiers be used to code data? (e.g. name, birth date, social security number, address, etc.)

2.  Will a key be used to link identifiers with the data and the key stored separate from the data?

If yes for either question 1 or 2, please specify which type of data coding will be used for each of the participant groups.

D.  How long will raw data be kept and what are the plans for the destruction of raw data? Federal regulations require that data be maintained for a minimum of 3 years.

Information gathered in this research will be kept with the researchers until the end of this project in April 2013. At that time, data will be transferred to the possession of DSNI to continue on to another study.

* For more information about our Human Subjects Research Record Retention Policy, please contact our office.

<table>
<thead>
<tr>
<th>XVI. Type of informed consent</th>
</tr>
</thead>
</table>

Select all that apply. Please refer to the IRB website for a consent flow chart, a guide to the consent process, and example consent forms [http://www.tufts.edu/central/research/IRB/InformedConsent.htm](http://www.tufts.edu/central/research/IRB/InformedConsent.htm)

A.  Adult Informed Consent

If yes, select all that apply.

- Standard Written Consent - Complete and submit your informed consent form(s)
- Oral Consent - Must submit verbal script and short form consent document
- Waiver of Documentation - Complete and submit the “Waiver of Documentation of Informed Consent” form along with consent form(s) and information sheet

B.  Minor Assent - Minors ages 7-17 need to provide assent to participate in the study.

If yes, select all that apply

- Standard Written Assent - Complete and submit your minor assent form(s)
- Oral Assent - Must submit verbal script and short form assent document
- Waiver of Documentation - Complete and submit the “Waiver of Documentation of Informed Consent” form along with assent form and information sheet

C.  Parents or Legal Guardian Permission

If yes, select all that apply
### Written Parental Permission
- Complete and submit a parental/legal guardian permission form(s)

### Oral Parental Permission
- Must submit verbal parental/legal guardian permission script and short form consent form.

### Waiver of Documentation of Parental/Legal Guardian Permission
- Complete and submit the “Waiver of Documentation of Informed Consent” form along with the form(s) and information sheet

#### D. Waiver or Alteration of Elements of the Informed Consent Process
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, complete and submit the “Request for Waiver or Alteration of Elements of Informed Consent” form along with consent form(s)</td>
<td></td>
</tr>
</tbody>
</table>

#### E. Waiver of the Informed Consent Process
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, submit “Request for Waiver of the Informed Consent Process” form</td>
<td></td>
</tr>
</tbody>
</table>

#### F. Non-English Speaking Subjects
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| If no, proceed to question G. If yes, please submit consent form(s) in English and complete both questions below please confirm the following, once the English consent forms have been approved:
| 1. I will submit copies of all translated materials in the following languages: __________|
| 2. I will submit the required “Certification of Translation” for each language listed above. |

#### G. I confirm that the consent form(s) contain all 8 elements of informed consent. All 8 elements must be included in the consent form(s) unless D or E above is requested.

Information on the 8 elements of informed consent can be found at: [http://www.tufts.edu/central/research/IRB/ElementsInformedConsent.htm](http://www.tufts.edu/central/research/IRB/ElementsInformedConsent.htm)

If no, D or E above must be selected. Please be sure complete and submit the “Request for Waiver or Alteration of Elements of Informed Consent” form along with consent form(s) or a “Request for Waiver of the Informed Consent Process” form

### XVII. Consent Process
If more than one type of consent is being requested, please describe the process for each type of consent

#### A. Explain when and where consent will take place?
The consent will take place at the interview or survey location before any questions regarding the research are asked.

#### B. Who will be responsible for obtaining initial and ongoing consent?
**When this responsibility is delegated to someone other than the PI/Co-I, explain how the individual(s) will be trained to obtain informed consent for this research activity.**
The principal investigator and the co-investigators will be the only individuals obtaining consent.

#### C. Please describe how the PI will ensure that individuals have adequate time to consider their participation in the study prior to formally providing consent?
Participants will be left alone without the presence of any researchers to consider the consent form for at least 15 minutes.

#### D. What steps will be taken to minimize the possibility of coercion and undue influence?
Researchers will explain in detail the voluntary nature of the survey and interviews and will emphasize there are very minimal risks or benefits in their decision to participate or not. Principal and co-investigators will leave the room for 15 minutes.

#### E. If minors (ages 7-17) are participants, how will the assent process be conducted? How will the answers to questions #A – D differ for minors?

#### F. Is there any additional information regarding the consent procedure that has not been explained in detail above?
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please describe:</td>
<td></td>
</tr>
</tbody>
</table>

### XVIII. Potential Risks

#### A. What are the potential risks to participants? Be sure to address physical harm or pain as well as emotional, social, and financial risks.
There are minimal risks to participants. Participants may experience some emotional distress upon being questioned about their home life and relationship with their children.

#### B. Discuss any risks to family, school, social group, or place of employment.
The research team believes there are no risks to the family, school, social group or place of employment.

#### C. Does this research qualify as minimal risk or greater than minimal risk?
**Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests**

<table>
<thead>
<tr>
<th>Minimal risk</th>
<th>Greater than minimal risk</th>
</tr>
</thead>
</table>

#### D. Please provide justification for risk category selected in C above.
All information gathered during this research will be confidential and researchers will remain objective throughout the process.

#### E. Minimizing Potential Risks
Please discuss how any risks will be minimized

#### F. Note: All risks should be identified on the consent form(s).

### XIX. Potential Benefits

#### A. What are the potential benefits to participants? Compensation is not considered a benefit. Please state if there are no direct benefits to the participants.

#### B. What are the potential benefits to society?
The resulting survey from this research will help future families serviced by DCT.
C. Discuss how the benefits listed above outweigh the risks inherent in the research.

Benefits will allow DCT to provide more culturally competent services to the families of Dudley. Participants will not incur any measurable risk.

Note: All benefits should be identified on the consent form(s).

<table>
<thead>
<tr>
<th>XX. Conflict of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Do you or will you, your spouse or dependent children, or any investigator participating in this study have, or anticipate having, any income from, or financial interest in, the sponsor of this research protocol or supporting organization (financial interest includes, but is not limited to, consulting, speaking, or other fees; honoraria; gifts; licensing revenues; or equity interests/stock options of an annual or fair market value of $10,000 or more)? If yes, specify the nature and extent of involvement.</td>
</tr>
<tr>
<td>B. Do you or will you, your spouse or dependent children, or any investigator participating in this study have, or anticipate having, any income from, or financial interest in, a company that owns or licenses the technology being studied (technology includes but is not limited to pharmaceuticals, procedures, or devices)? Income and financial interest is defined above. If yes, specify the nature &amp; extent of involvement.</td>
</tr>
<tr>
<td>C. For those projects funded by NIH, NSF, or commercial entities, do you have a current, up-to-date Conflict of Interest Disclosure on file with the Office of the Vice Provost that describes this financial relationship?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>XXI. Will you be accessing health records?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No</td>
</tr>
<tr>
<td>If yes, submit the “HIPAA Compliance” form (<a href="http://www.tufts.edu/central/research/IRB/Forms.htm">http://www.tufts.edu/central/research/IRB/Forms.htm</a>). Please send any agreements regarding the use of PHI (protected health information) to the IRB office.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>XXII. Further Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. To your knowledge, has this research study been previously reviewed by any IRB?</td>
</tr>
<tr>
<td>If yes, which IRB reviewed the study? When was it reviewed?</td>
</tr>
<tr>
<td>Protocol #:</td>
</tr>
<tr>
<td>B. Please attach any additional relevant information that will be useful to the IRB committee when reviewing your protocol. Thesis or dissertation proposals may be helpful for the committee.</td>
</tr>
</tbody>
</table>
Appendix B: Approved IRB Forms
Key Informant Interviews

1. IRB Determination Letter
2. Key Informant Interview Consent Form
3. Key Informant Interview Questions
4. Key Informant Recruitment Telephone Script
March 7, 2013 | Notice of Action
IRB Study # 1302024 | Status: ACTIVE

ATTENTION: BEFORE CONDUCTING ANY RESEARCH, PLEASE READ THE ENTIRETY OF THIS NOTICE AS IT CONTAINS IMPORTANT INFORMATION ABOUT PROPER STUDY PROCEDURES.

Title: Dudley Neighborhood Children and Young Families Survey
PI: Katie Nitzberg
Study Coordinator: Sherra Cates
Co-Investigator(s): Krysti Turnquest
Faculty Advisor: Justin Hollander

The PI is responsible for all information contained in both this notice of action and on the following Investigator Responsibilities Sheet.

Only copies of approved stamped consent forms and other study materials may be utilized when conducting your study.

This research protocol now meets the requirements set forth by the Office for Human Research Protections in 45 CFR 46 under Expedited Category 7.


- Approved for 45 participants for the duration of the study.

Protocol Management:
  o For all changes to the protocol, submit: Request for Protocol Modification form
  o All Adverse Events and Unanticipated Problems must be reported to the Office of the IRB promptly (no later than no later than 7 calendar days after first awareness of the problem) using the appropriate forms.
  o Six weeks prior to the expiration of the protocol on 3/5/2014, investigators must submit either a Request for Continuing Review or a Request for Study Closure
  o All forms can be found at: http://www.tufts.edu/central/research/IRB/Forms.htm

IRB Administrative Representative Initials: [Signature]

20 Professors Row, Medford, MA 02155 | TEL: 617.627.3417 | FAX: 617.627.3673 | EMAIL: SBER@tufts.edu
Dudley Neighborhood Families and Young Children Survey
Informed Consent Form - Key informant interview

Title of the Research Study: Dudley Neighborhood Families and Young Children Survey

Principal Investigators:
Sherra Cates
Urban Environmental Policy and Planning, Child Development
Tufts University
Medford, MA 02155
e-mail: sherra.cates@tufts.edu

Krysti Turnquest
Urban Environmental Policy and Planning
Tufts University
Medford, MA 02155
e-mail: krysti.turnquest@tufts.edu

Katie Nitzberg
Urban Environmental Policy and Planning, Child Development
Tufts University
Medford, MA 02155
e-mail: katie.nitzberg@tufts.edu

Project Coordinators:

Sunday Taylor
Dudley Children Thrive
Dudley Street Neighborhood Initiative
Roxbury, MA 02119
e-mail: staylor@dśni.org

Justin Hollander
Field Projects Coordinator
Tufts University
Medford, MA 02155
e-mail: justin.hollander@tufts.edu

You are being asked to take part in a key informant interview. Your participation is voluntary which means you can choose whether or not to participate. There is no penalty if you choose not to participate. You will lose no benefits or advantages that are now coming to you, or would come to you in the future. If you do not understand what you are reading, do not sign it. Please ask us to explain anything you do not understand, including any language contained in this form. If you decide to participate, you will be asked to sign this form. You may ask to have this form read to you.

Introduction
This study is being conducted by a team of students at Tufts University. The study is directed by Dudley Street Neighborhood Initiative’s (DSNI) Dudley Children Thrive group (DCT), and the Urban Environmental Policy and Planning (UEP) Field Projects course.
Purpose of the Study
The purpose of the study is to help us and DSNI understand what parents do to prepare their children age 0-5 for school. We need your help in deciding the questions we should ask about how different cultures prepare their children for school.

Study Procedures
You will be asked to participate in an interview lasting no more than an hour. The interview will consist of broad questions that will allow us to further understand and gather more information that can be useful in developing a culturally sensitive survey for parents like you. Interviews may also be recorded depending on interviewer preference and your consent. The purpose for recording an interview would be to allow the interviewer to go back and gather information they may have missed. The researchers will download the interview audio onto a locked computer and then delete the information from the recorder. At no point will the audio recorded be heard by anyone outside of the research staff.

Risks
We believe there are no/few risks to your participating in these activities. There may be some questions that may evoke an emotional response.

Benefits
There are no direct benefits to you from participating in this study. But the information you provide us will be very helpful in understanding how parents in the Dudley neighborhood are preparing their children from age 0-5 for school.

Privacy and confidentiality
Every effort will be made to keep all the information we receive strictly confidential, as required by law. The Institutional Review Board (IRB) at Tufts University is responsible for protecting the rights and welfare of research volunteers like you. If you have any questions or concerns about the study and can contact any of the principle investigators or Lara Sloboda, the Tufts IRB administrator at 617-627-3417.

______________ Researchers have permission to audio record key informant interviews.
When you sign this document you are agreeing to take part in this key informant interview. If you have any questions or there is something you do not understand, please ask.

__________________________________________
Signature of participant

Date

__________________________________________
Print name of participant

__________________________________________
Signature of person obtaining consent

Date

__________________________________________
Print name of person obtaining consent
Questions for Key Informants

How many children do you have under the age of 5?
- How old are they?

Does your child go to preschool/day care?
- What kinds of things does your child learn at preschool?
- Do you talk about what your child's day at school?
  - What he learned?
  - What they ate?
  - Who did they play with?
- What do you do at home to reinforce what they learn in preschool?

What elementary school do you expect them to attend?
- How did you choose the school?
  - If you haven't chosen yet, what things will be important to you when looking at schools?
- Are you familiar with the school's expectations for kindergarten readiness?

What are you doing to get your child ready for kindergarten?
- How do you teach them letters?
  - Numbers?
  - Colors?
  - New words?
- Do you sing with them? Do you notice them learning new words from songs?

What kinds of things do you and your child do together outside of the home that help get you ready your child ready for school?
- Who hosts these events? (DSNI, library, community center, etc.)
- How do you bond with your child inside the home?
- What do you do specifically?

How do you decide what foods your child will eat?
- How do you get them to try new foods?

Do you set specific time aside to talk to your child?

How does your child know that you love them?

Do you set rules about behavior?
- How do you make sure your child understands the rules?
- What happens if they break the rules?

Is there anything you would like to add about things you do to help prepare your child for school?
Do you have any questions from this interview?

Do you have any feedback about the questions we discussed or the interview itself?
Phone Scripts

Interview

"Hi, _____________________. My name is ___________________. I'm calling from Tufts University. We received your contact information from the Dudley Children Thrive team at DSNI. We've started a new study to help us develop a survey. It focuses on how parents like you prepare your children for school. We are asking you to participate in an interview. Does this sound like something you might want to do? Great. When's a good time and place to do the interview?

Survey

"Hi, _____________________. My name is ___________________. I'm calling from Tufts University. We received your contact information from the Dudley Children Thrive team at DSNI. We've started a new study to help us develop a survey. It focuses on how parents like you prepare your children for school. We are asking you to participate in a pilot survey. Does this sound like something you might want to do? Great. When's a good time and place to do the survey?
Appendix C :
Approved IRB Forms
Pilot Survey

1. IRB Request for Protocol Modification
2. IRB Determination Letter
3. Pilot Survey Email Script
4. Pilot Survey Consent Form
5. Paper version- Pilot Survey Question
REQUEST FOR PROTOCOL MODIFICATION

This form must be typed. Professional and complete applications advance the review process.

Name of Principal Investigator: Katie Nitzberg                                      Date: 4/17/13
Protocol #: 1302024                                                           Email: katie.nitzberg@tufts.edu
Full Title of Protocol: Dudley Neighborhood Children and Young Families Survey

Please ONLY complete applicable sections and select the checkbox in the upper left corner of each section that is being changed. Modifications may require that consent forms or other study materials be updated.

For modifications to any previously approved stamped study materials (i.e. consent forms, recruitment flyers, questionnaires, etc.) two copies need to be submitted.
1. The first copy needs to have the changes either bolded or otherwise noted (e.g. Underlined, track changes, pattern shading). DO NOT use highlighting or color markings; these will show up black when copied.
2. The second copy should not have any markings and will be used for stamping (please do not staple).

Section A. Change in Investigator or Investigator Information

Changing the Principal Investigator Information (PI)
- Changing PI Name: Department: Phone:
- Editing PI Name: Address: E-mail: CITI Training Completed: Yes No*

Adding Co-Investigators or changing existing Co-Investigator information
- Adding Co-I Name: Department: Phone:
- Editing Co-I Name: Address: E-mail: CITI Training Completed: Yes No*

For all other additions to study personnel, please complete the Additional Investigators and Study Personnel sheet (http://www.tufts.edu/central/research/IRB/Forms.htm).

Removing Investigators To remove more than 3 members of the study personnel, please submit an attached sheet
Name: Name: *If No, it is mandatory to follow the above link and complete the CITI training prior to submitting the application

Section B. Change in Title of Protocol

New Protocol Title: Parental Engagement in School Readiness

Section C. Change in Funding Source:

- Addition
- Removal
- Multiple funding changes (please attach additional information)

Status: Proposal Funding Pending Funded Not Awarded (applied for funding but was not awarded)
Is the funding from a Federal source? Yes No Tufts PI on Grant:
Title of Grant (if different than IRB title):
Sponsor: Sponsor #:

Is this protocol part of a larger (Prime) grant? Yes No If yes, provide the following:
Title of Prime Grant (if different than IRB title):
Institution: Tufts PI on Prime Grant:
IRB #: Sponsor Number:

Please describe the changes in the funding:
### Section D. Change in Participant Numbers and Site

Indicate below whether there will be any changes made in the following areas:

<table>
<thead>
<tr>
<th></th>
<th>Yes*</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in the number of participants at each existing site</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please state the number of participants by site: currently approved, additional requested, and new total number of participants. For more than four sites, attach a separate sheet. Please ONLY list the site(s) at which participant numbers are being modified, for addition of new sites please proceed to the next section.

1. Current Site:
   - Current # approved: 
   - Additional # Requested: 
   - New Site Total: 

2. Current Site:
   - Current # approved: 
   - Additional # Requested: 
   - New Site Total: 

3. Current Site:
   - Current # approved: 
   - Additional # Requested: 
   - New Site Total: 

4. Current Site:
   - Current # approved: 
   - Additional # Requested: 
   - New Site Total: 

<table>
<thead>
<tr>
<th></th>
<th>Total number of additional participants requested at existing sites (P1):</th>
<th>New total number of participants by site (for modified sites only):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Yes** | **No** | Addition of new site locations

If yes, please state the new number of participants being added to the new site. For additional sites, attach an extra sheet.

<table>
<thead>
<tr>
<th>Site Location (e.g. Tufts University, Medford; New York, NY.)</th>
<th>Purpose (i.e. conducting interviews)</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Online</td>
<td>Conducting pilot survey</td>
<td>200</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total number of participants at new site locations (P2):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>200</td>
</tr>
</tbody>
</table>

*If you are adding a new site and NOT increasing the total participant numbers (i.e. an alternative site), please explain.

### Change in Site Locations

- **Site Location:**
  - 1. Online
  - 2. Conducting pilot survey
  - 3. 200

*If you answered Yes to either of the above, please complete the total number of participants being added at current or new sites (P1 + P2):

200

Please describe the changes and explain the rationale for the changes.

Our pilot survey will be conducted online, instead of as a paper survey. The listserv we are using to reach participants has over 400 hundred members, so we are hoping to reach more than our original goal of 35 participants, due to the ease of answering the survey online rather than going to an office.
Tufts University
Office of the Vice Provost
Institutional Review Board

Social, Behavioral & Educational Research IRB
REQUEST FOR PROTOCOL MODIFICATION

This form must be typed. Professional and complete applications advance the review process.

Section E. Change in Study Population
- [ ] Yes  [ ] No The age range of the sample
- [ ] Yes  [ ] No The gender representation of the sample
- [ ] Yes  [ ] No The racial/ethnic makeup of the sample
- [ ] Yes  [ ] No The inclusion/exclusion of vulnerable populations (check all relevant boxes below)
  - Minors
  - Pregnant women
  - Prisoners
  - Fetuses
- [ ] Yes  [ ] No The inclusion/exclusion of the following groups (check all relevant boxes below)
  - Diminished capacity/Impaired decision-making ability
  - Drug addiction, alcoholism, substance abuse
  - Terminally or seriously ill
  - Homeless
  - HIV-positive participants
  - Tufts University employees
  - Tufts University students
  - Persons not fluent in English
  - Economically disadvantaged

Please describe the changes and explain the rationale for the changes.

Section F. Modification to Consent Form(s) and/or the Process by which Consent is Obtained
- [ ] Yes  [ ] No Is there a change in the type of consent being requested? (Standard written consent, waiver or alteration of consent, waiver of documentation of consent, third party, non-English speaking, assent)
  
  If yes, please provide the type of consent you are now requesting as well as the rationale for the change. If you are requesting a waiver or alteration, complete the appropriate form (http://www.tufts.edu/central/research/IRB/Forms.htm)

We are submitting a waiver of written consent because the consent will now be online.

- [ ] Yes  [ ] No Are there changes to the current consent forms?
  
  If yes, please provide an explanation of the alterations to the consent forms as well as the rationale for the change.

Some of the wording and procedures are now different because the pilot survey is online. We will not be asking people to sign the form and cannot offer to explain the consent because we will not be present when people take the survey, both of which were on the first consent.

- [ ] Yes  [ ] No Are there changes to the consent process?
  
  If yes, please provide an explanation for the changes to the consent process:

  The consent will be done online rather than on paper.

- [ ] Yes  [ ] No Do the changes affect currently enrolled subjects?
  
  If yes, please describe how participants will be notified and attach the addendum that will be included to inform enrolled subjects.

Please submit two copies of the revised consent form(s). The first copy needs to have the changes either bolded or otherwise noted (e.g. Underlined, track changes, pattern shading). DO NOT use highlighting or color markings; these will show up black when copied. The second copy should not have any markings and will be used for stamping (please do not staple).

Section G. Change in Recruitment

Please list and explain the rationale for changes to any recruitment techniques that are either being added or changed in the protocol. It is necessary to submit a copy of any modified recruitment techniques (i.e. advertisements, telephone scripts, etc.)

The online survey will be sent to an email listserv provided by the Dudley Children Thrive group. An email will be sent with a link that will take participants to the consent page of the survey. If the participant agrees to participate he/she will be taken to the start of the survey. If the participant disagrees to participate in the survey they are taken to an end page.

Section H. Modification or Additions to Instruments, Measures, and/or Type of Data Collected
- [ ] Yes  [ ] No Recording of participants via audiotapes, videotapes, photographs, etc.
- [ ] Yes  [ ] No Use of deception
- [ ] Yes  [ ] No Presentation of multimedia to participants
Tufts University
Office of the Vice Provost
Institutional Review Board

Social, Behavioral & Educational Research IRB
REQUEST FOR PROTOCOL MODIFICATION
This form must be typed. Professional and complete applications advance the review process.

☒ Yes ☐ No Data collection methods
☐ Yes ☒ No Instrumentation (e.g. surveys, questionnaires, interviews, observational scales, etc.)
☐ Yes ☒ No Other (Explain below):

If you added or changed any of the above, describe what the changes were as well as explaining the rationale for the changes.
The method of the survey is changing from a paper survey to an online survey. The original approval did not include a copy of the survey as it has been written based on the information from the interviews. Thus, we are submitting the survey for review. It was approved as a paper survey and we are now doing it online.

☒ Section I. Modification of Methodology and/or Procedures
Please list and explain the rationale for any alterations to research methods or study procedures (i.e. sampling method, duration of the study, and duration of participants’ involvement in the study).

We have changed the methods of our survey from a paper version to an online version. We only have a limited time to reach participants and think this will be a better way to collect more data in a short amount of time. Also, we hope that it will be easier for people to complete the survey on their own time and from home, or wherever they choose, rather than having to go to an office at a predetermined time. Filling out the survey online will also decrease the amount of time they need because it no longer requires travel time and they can read the consent at their own pace. Below is a link to the online survey:
https://docs.google.com/forms/d/1PUAmO_97LQdRifrZVXwfzkAxiVHO6Dsp_1PSK_bO4Mo/viewform

☐ Yes ☐ No Are the risks to subjects affected (increased or decreased) by the modification(s)? Please complete the rationale for determination below
Rationale for determination:
The risk has decreased because the online survey gives each participant more privacy and confidentiality, and may make the participant more comfortable answering the questions about parental activities.

If the risk has increased, this modification may have to be reviewed by the full IRB Committee at a convened meeting. Refer to deadline dates at (http://www.tufts.edu/central/research/IRB/MeetingDates.htm)

Principal Investigator Assurance Please select all boxes and sign below prior to submitting to the IRB

As Principal Investigator, I certify that:
☒ I will protect the rights and welfare of all human participants.
☒ Upon approval of this protocol, I agree to conduct this research as detailed in the protocol.
☒ I will request and receive approval from the IRB for any alterations to the current protocol prior to implementing changes.
☒ I will comply with Federal and Tufts policies for conducting ethical research and I will be responsible for ensuring that my co-investigator(s)/student researcher(s) comply with this protocol.
☒ Any unexpected, adverse, or otherwise significant events in the course of this study will be promptly reported to the IRB.
☒ As Principal Investigator, I have reviewed and will abide by the Investigator responsibilities located at:
http://www.tufts.edu/central/research/IRB/ApprovalofHumanSubjects.htm

Principal Investigator’s Signature

Printed Name of Principal Investigator                          Date

Faculty Advisor Assurance (Necessary if PI is a student) Please select all boxes and sign below prior to submitting to the IRB

☐ Yes ☒ No Data collection methods
☐ Yes ☒ No Instrumentation (e.g. surveys, questionnaires, interviews, observational scales, etc.)
☐ Yes ☒ No Other (Explain below):

If you added or changed any of the above, describe what the changes were as well as explaining the rationale for the changes.

The method of the survey is changing from a paper survey to an online survey. The original approval did not include a copy of the survey as it has been written based on the information from the interviews. Thus, we are submitting the survey for review. It was approved as a paper survey and we are now doing it online.

☒ Yes ☐ No Are the risks to subjects affected (increased or decreased) by the modification(s)? Please complete the rationale for determination below
Rationale for determination:
The risk has decreased because the online survey gives each participant more privacy and confidentiality, and may make the participant more comfortable answering the questions about parental activities.

If the risk has increased, this modification may have to be reviewed by the full IRB Committee at a convened meeting. Refer to deadline dates at (http://www.tufts.edu/central/research/IRB/MeetingDates.htm)

Principal Investigator’s Signature

Printed Name of Principal Investigator                          Date
As Faculty Advisor, I have reviewed the application and supporting documents and certify that:

- The research design is sound, appropriate to the discipline and will ensure protection of all human participants.
- Informed consent contains the 8 required elements and the additional elements of informed consent when applicable. [http://www.tufts.edu/central/research/IRB/ElementsInformedConsent.htm](http://www.tufts.edu/central/research/IRB/ElementsInformedConsent.htm)
- Appropriate protections are in place for ensuring privacy and confidentiality of participants.
- When applicable PI has made appropriate considerations for vulnerable populations.
- When applicable PI has made appropriate considerations for the cultural context.
- As Faculty Advisor, I have reviewed and will abide by the Faculty Advisor Responsibilities located at: [http://www.tufts.edu/central/research/IRB/StudentPolicy.htm](http://www.tufts.edu/central/research/IRB/StudentPolicy.htm)

__________________________________________________________________________________

Faculty Advisor’s Signature (Necessary if PI is a student)

Printed Name of Faculty Advisor (Necessary if PI is a student)  Date
April 23, 2013 | Notice of Action

IRB Study # 1302024 | Status: ACTIVE

ATTENTION: BEFORE CONDUCTING ANY RESEARCH, PLEASE READ THE ENTIRETY OF THIS NOTICE AS IT CONTAINS IMPORTANT INFORMATION ABOUT PROPER STUDY PROCEDURES.

Title: Parental Engagement in Early School Readiness (Previously: Dudley Neighborhood Children and Young Families Survey)

PI: Katie Nitzberg
Study Coordinator: Sherra Cates
Co-Investigator(s): Krysti Turnquest, Sherra Cates
Faculty Advisor: Justin Hollander

The PI is responsible for all information contained in both this notice of action and on the following Investigator Responsibilities Sheet.

Only copies of approved stamped consent forms and other study materials may be utilized when conducting your study.

The Request for Protocol Modification has been reviewed by the IRB under the guidance set forth by the Office for Human Research Protections in 45 CFR 46, and approved under Expedited Category 7.


The approved revisions are detailed below:
1. Inclusion of new online survey.
2. Changes to consent for new online survey.
3. Increase in study participants.

- Approved for 245 participants for the duration of the study.

Protocol Management:
- All translated study documents must be submitted for review, approval, and stamping prior to use.
- For all changes to the protocol, submit: Request for Protocol Modification form
- All Adverse Events and Unanticipated Problems must be reported to the Office of the IRB promptly (no later than 7 calendar days after first awareness of the problem) using the appropriate forms.
- Six weeks prior to the expiration of the protocol on 3/5/2014, investigators must submit
either a Request for Continuing Review or a Request for Study Closure

- All forms can be found at: http://www.tufts.edu/central/research/IRB/Forms.htm

IRB Administrative Representative Initials: ________________
Hello,

You are being asked to take part in a pilot survey conducted by a team of graduate students at Tufts University. The survey will consist of questions that will allow us to further understand what activities and behaviors parents like you engage in to prepare your child for school. We will also ask you to give us feedback on how easy the survey is to understand and how appropriate the survey questions are. It should take no more than 20 minutes to complete. If you would like to participate please click the link below.

Link to Survey:
https://docs.google.com/forms/d/1PUAmO_97LQdRifrZVXwzfAxiVHO6Dsp_1PSK_bO4Mo/viewform

Thank you,

Tufts Graduate Students and Dudley Children Thrive
CONSENT TO PARTICIPATE IN RESEARCH STUDY

Waiver of Documentation of Consent for Online Pilot Survey

Study Title: Parental Engagement in Early School Readiness

Investigators: Katie Nitzberg, Krysti Turnquest, Sherra Cates, Justin Hollander, and Sunday Taylor

You are being asked to take part in a pilot survey conducted by the DSNI field projects team at Tufts University. You were contacted by the Dudley Children Thrive group and agreed to allow the field projects team to reach out for your participation in our survey. Your participation is voluntary which means you can choose whether or not to participate. There is no penalty if you choose not to participate. You will lose no benefits or advantages that are now coming to you, or would come to you in the future from Dudley Street Neighborhood Initiative and/or Dudley Children Thrive. If you decide to participate, please click agree, and continue to the following questions. If you decide not to participate, please click disagree and you will be taken to the end of the survey.

Introduction and Purpose
This study is being conducted by a team of students at Tufts University. The study is directed by Dudley Street Neighborhood Initiative’s (DSNI) Dudley Children Thrive group (DCT), and the Urban Environmental Policy and Planning (UEP) Field Projects course. The purpose of the study is to help us and DSNI understand what parents in the Dudley neighborhood do to prepare their children age 0-5 for school. We need your help in deciding the questions we should ask about how different cultures prepare their children for school.

Study Procedures
You will be asked to participate in an online pilot survey. The survey will consist of questions that will allow us to further understand what activities and behaviors parents like you engage in to prepare your child for school. We will also ask you to give us feedback on how understandable and appropriate the survey questions are.

Risks
We believe there are no/few risks to your participating in these activities. There may be some questions that may evoke an emotional response.

Benefits
There are no direct benefits to you from participating in this study. But the information you provide us will be very helpful in understanding how parents in the Dudley neighborhood are preparing their children from age 0-5 for school.

Privacy and confidentiality
Every effort will be made to keep all the information we receive strictly confidential, as required by law. The Institutional Review Board (IRB) at Tufts University is responsible for protecting the rights and welfare of research volunteers like you. If you have any questions or concerns about the study and can contact any of the principle investigators or the IRB Administrator, Lara Sloboda, at 617-627-3417.

I give my consent and want to participate in this survey.

I Agree and would like to participate in this survey
I Disagree and do NOT want to participate in this survey

APPROVED
APR 22 2013
Tufts SBER IRB

EXPIRES
MAR 05 2014
Tufts SBER IRB
Demographic Information

Please check all that apply

1. How many children do you have between the ages of 0-5?
   — 1 child
   — 2 children
   — 3 children
   — 4 children
   — 5 or more children

2. How old are your children?
   — under 1 year old
   — 1 year old
   — 2 years old
   — 3 years old
   — 4 years old
   — 5 years old

3. Are you currently enrolled in Dudley Children Thrive?
   — Yes
   — No
   — I don't know

4. Do any of the people below ever take care of your child/children?
   Check all that apply
   — Neighbors
   — Relatives
   — Friends
   — Teenagers
   — Daycare center
   — Pre-school/Headstart

5. What language do you speak at home with your child/children?
   Check all that apply
   — English
   — Spanish
   — French
   — Cape Verdean Creole
   — Haitian Creole
   — Other: ________________
6. What language do you use to prepare your child/children for school?
For example, teaching shapes, color, letters, numbers, etc.
Check all that apply

- English
- Spanish
- French
- Cape Verdean Creole
- Haitian Creole
- Other: ________________

Parents and teachers often have different views on what their child/children needs to know when entering kindergarten.

7. Do you feel like you are aware of the basic school requirements for a child entering kindergarten?

- Yes
- No
- I don't know

8. Do you look for tips on how to prepare your child/children for school?

- Yes
- No

*If answer is no skip to question 10

9. Where do you look for tips on how to prepare your child/children for school?
Check all that apply

- Online (Blogs, Websites, Newsletters, etc.)
- Pamphlets, brochures
- Magazines
- Books
- Television
- Parenting groups
- DSNI or other community organizations
- Friends and family

10. In the past 30 days, has your child/children been to:
Check all that apply

- Activities hosted by DSNI
- Activities hosted by your local library
- Activities at other community organizations
- Supervised playtime with other kids/play groups
11. What do you do to make sure your child/children gets plenty of physical activity? Check all that apply

   — Schedule playgroups
   — Take your child/children to the park
   — Have them play outside
   — Enroll your child/children in sports/structured physical activity
   — My child/children gets enough physical activity on their own
   — Other: __________________________________________________________________

We recognize, that many parents have very busy schedules. With this in mind, think about the last week. In the last seven days, how many times did you or someone in your household: (for questions 12-16)

12. Read a book to your child/children?

   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days

13. Practice the alphabet with your child/children?

   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days

14. Tell a story to your child/children?

   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days

15. Play rhyming games with your child/children?

   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days

16. Have a conversation with your child/children about the events of their day?

   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days
17. Do you sing songs with your child/children?
   — Yes
   — No

*If No skip to question 19

18. What types of songs do you sing with your child/children?
   Check all that apply
   — Songs we hear on the radio
   — Children's songs (nursery rhymes)
   — Songs in your native language
   — Songs that help children learn basic skills (counting, colors, etc.)

   For many parents with busy schedules, it is hard to make time for different outside activities with your child.

19. In the past 30 days, have you and your child/children visited the library?
   — Yes
   — No

*If No skip to question 21

20. In the last 30 days, how many times have you and your child/children been to the library?
   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days

21. Have you ever involved your child/children in making meals?
   — Yes
   — No
   — N/A (for children under 2)

22. In the last week, how many times did your family sit down for dinner together?
   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days
23. How likely are you to introduce your child/children to new foods? 
*This can include reintroducing them to food they previously have not liked.*
   a. Not very likely
   b. Somewhat likely
   c. Neutral
   d. Likely
   e. Very Likely

24. How important is it to you to have a relationship with your child/children's pediatrician? 
*Pediatrician may also include family doctor or regular health clinic.*
   a. Very important
   b. Somewhat important
   c. Neutral
   d. Slightly important
   e. Not important

25. Do you have any concerns about your child/children's development?
   — Yes
   — No
   — I don't know

26. Sometimes it is hard for parents with busy schedules to find time for a lot of things. With this in mind do you have any special time you set aside for being with child/children?
   — Yes
   — No

28. In the last week, how many times have you had one on one time with your child/children?
   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days

27. How satisfied are you with the quality of time you spend with your child/children?
   a. Not At All Satisfied
   b. Slightly Satisfied
   c. Somewhat Satisfied
   d. Very Satisfied
   e. Extremely Satisfied
For the following question please write your answers in the blank

28. Many people show affection in different ways. How can you tell your child/children knows you love them?
Feedback and Contact Information

If you have any questions or concerns about this survey, please feel free to contact us or provide feedback in the box below:

Principal Investigators:

Sherra Cates  
Urban Environmental Policy and Planning, Child Development  
Tufts University  
Medford, MA 02155  
e-mail: sherra.cates@tufts.edu

Krysti Turnquest  
Urban Environmental Policy and Planning  
Tufts University  
Medford, MA 02155  
e-mail: krysti.turnquest@tufts.edu

Katie Nitzberg  
Urban Environmental Policy and Planning, Child Development  
Tufts University  
Medford, MA 02155  
e-mail: katie.nitzberg@tufts.edu

Project Coordinators:

Sunday Taylor  
Dudley Children Thrive  
Dudley Street Neighborhood Initiative  
Roxbury, MA 02119  
e-mail: staylor@dsni.org

Justin Hollander  
Field Projects Coordinator  
Tufts University  
Medford, MA 02155  
e-mail: justin.hollander@tufts.edu
Please let us know if you have any questions, comments or feedback:
Appendix C: Summary of Pilot Survey Response Data
Parental Engagement in Early School Readiness:
Summary of Pilot Survey Response Data

I give my consent and want to participate in this survey.

I Agree and would like to participate in this survey 22 100%
I Disagree and do NOT want to participate in this survey 0 0%

How many children do you have between the ages of 0-5?

1 child 17 77%
2 children 5 23%
3 children 0 0%
4 children 0 0%
5 or more children 0 0%
How old are your children?

- <1 year old: 1 (4%)
- 1 year old: 4 (15%)
- 2 years old: 6 (22%)
- 3 years old: 2 (7%)
- 4 years old: 3 (11%)
- 5 years old: 11 (41%)

Are you currently enrolled in Dudley Children Thrive?

- Yes: 19 (86%)
- No: 2 (9%)
- I don't know: 1 (5%)
Do any of the people below ever take care of your child/children?

<table>
<thead>
<tr>
<th>People</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbors</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Relatives</td>
<td>16</td>
<td>43%</td>
</tr>
<tr>
<td>Friends</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Teenagers</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Daycare center</td>
<td>6</td>
<td>16%</td>
</tr>
<tr>
<td>Pre-school/Headstart</td>
<td>8</td>
<td>22%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>5%</td>
</tr>
</tbody>
</table>

What language do you speak at home with your child/children?

<table>
<thead>
<tr>
<th>Language</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>21</td>
<td>70%</td>
</tr>
<tr>
<td>Spanish</td>
<td>4</td>
<td>13%</td>
</tr>
<tr>
<td>French</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Cape Verdean Creole</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Hatian Creole</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3%</td>
</tr>
</tbody>
</table>
What language do you use to prepare your child/children for school?

<table>
<thead>
<tr>
<th>Language</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>20</td>
<td>80%</td>
</tr>
<tr>
<td>Spanish</td>
<td>3</td>
<td>12%</td>
</tr>
<tr>
<td>French</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Cape Verdean Creole</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Haitian Creole</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>4%</td>
</tr>
</tbody>
</table>

Parents and teachers often have different views on what their child/children needs to know when entering kindergarten. Do you feel like you are aware of the basic school requirements for a child entering kindergarten?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19</td>
<td>86%</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>14%</td>
</tr>
<tr>
<td>I'm unsure</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
Do you look for tips on how to prepare your child/children for school?

- Yes: 20 (91%)
- No: 2 (9%)

Where do you look for tips on how to prepare your child/children for school?

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online (Blogs, Websites, Newsletters, etc.)</td>
<td>17</td>
<td>21%</td>
</tr>
<tr>
<td>Pamphlets, brochures</td>
<td>10</td>
<td>12%</td>
</tr>
<tr>
<td>Magazines</td>
<td>10</td>
<td>12%</td>
</tr>
<tr>
<td>Books</td>
<td>9</td>
<td>11%</td>
</tr>
<tr>
<td>Television</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>Parenting groups</td>
<td>9</td>
<td>11%</td>
</tr>
<tr>
<td>DSNI or other community organizations</td>
<td>13</td>
<td>16%</td>
</tr>
<tr>
<td>Friends and family</td>
<td>10</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
In the past 30 days, has your child/children been to:

- Activities hosted by DSNI: 12, 27%
- Activities hosted by your local library: 8, 18%
- Activities at other community organizations: 13, 29%
- Supervised playtime with other kids/play groups: 12, 27%

What do you do to make sure your child/children gets plenty of physical activity?

- Schedule playgroups: 6, 11%
- Take your child/children to the park: 17, 32%
- Have them play outside: 14, 26%
- Enroll your child/children in sports/structured physical activity: 11, 21%
- My child/children gets enough physical activity on their own: 4, 8%
- Other: 1, 2%
Read a book to your child/children?

- 0 days: 0 days
- 1-2 days: 7 (32%)
- 3-4 days: 5 (23%)
- 5+ days: 10 (45%)

Practice the alphabet with your child/children?

- 0 times: 2 (9%)
- 1-2 times: 2 (9%)
- 3-4 times: 11 (50%)
- 5+ times: 7 (32%)

Tell a story to your child/children?

- 0 times: 2 (9%)
- 1-2 times: 6 (27%)
- 3-4 times: 10 (45%)
- 5+ times: 4 (18%)
Play rhyming games with your child/children?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 times</td>
<td>4</td>
<td>18%</td>
</tr>
<tr>
<td>1-2 times</td>
<td>8</td>
<td>36%</td>
</tr>
<tr>
<td>3-4 times</td>
<td>8</td>
<td>36%</td>
</tr>
<tr>
<td>5+ times</td>
<td>2</td>
<td>9%</td>
</tr>
</tbody>
</table>

Have a conversation with your child/children about the events of their day?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 times</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>1-2 times</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>3-4 times</td>
<td>6</td>
<td>27%</td>
</tr>
<tr>
<td>5+ times</td>
<td>15</td>
<td>68%</td>
</tr>
</tbody>
</table>

Do you sing songs with your child/children?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>22</td>
<td>100%</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
What types of songs do you sing with your child/children?

- Songs we hear on the radio: 12 (21%)
- Children's songs (nursery rhymes): 17 (30%)
- Songs in your native language: 6 (11%)
- Songs that help children learn basic skills (counting, colors, etc.): 16 (29%)
- Other: 5 (9%)

In the past 30 days, have you and your child/children visited the library?

- Yes: 13 (59%)
- No: 9 (41%)

In the last 30 days, how many times have you and your child/children been to the library?

- 0 times: 0 (0%)
- 1-2 times: 8 (62%)
- 3-4 times: 3 (23%)
- 5+ times: 2 (15%)
Have you ever involved your child/children in making meals?

- Yes: 19 (86%)
- No: 2 (9%)
- N/A (for children under 2): 1 (5%)

In the last week, how many times did your family sit down for dinner together?

- 0 times: 0 (0%)
- 1-2 times: 4 (18%)
- 3-4 times: 11 (50%)
- 5+ times: 7 (32%)

How likely are you to introduce your child/children to new foods?

- Not very likely: 0 (0%)
- Somewhat likely: 3 (14%)
- Neutral: 1 (5%)
- Likely: 8 (36%)
- Very Likely: 10 (45%)
How important is it to you to have a relationship with your child/children's pediatrician?

- Very important: 21 (95%)
- Somewhat important: 1 (5%)
- Neutral: 0 (0%)
- Slightly important: 0 (0%)
- Not important: 0 (0%)

Do you have any concerns about your child/children’s development?

- Yes: 8 (36%)
- No: 13 (59%)
- I’m not sure: 1 (5%)

Sometimes it is hard for parents with busy schedules to find time for a lot of things. With that in mind, do you have any special time you set aside for being with child/children?

- Yes: 20 (91%)
- No: 2 (9%)
How satisfied are you with the quality of time you spend with your child/children?

Not At All Satisfied 1 5%
Slightly Satisfied 0 0%
Somewhat Satisfied 9 41%
Very Satisfied 7 32%
Extremely Satisfied 5 23%
Appendix E:
Parental Engagement in Early School Readiness Survey
For questions 1-6, please check all that apply.

1. How many children do you have between the ages of 0-5?
   ___ 1 child
   ___ 2 children
   ___ 3 children
   ___ 4 children
   ___ 5 or more children

2. How old are your children?
   ___ under 1 year old
   ___ 1 year old
   ___ 2 years old
   ___ 3 years old
   ___ 4 years old
   ___ 5 years old

3. Are you currently enrolled in Dudley Children Thrive?
   ___ Yes
   ___ No
   ___ I don’t know

4. Do any of the people below ever take care of your child/children?
   ___ Neighbors
   ___ Relatives
   ___ Friends
   ___ Teenagers
   ___ Daycare center
   ___ Pre-school/Headstart
   ___ Other: __________________
5. What language do you speak at home with your child/children?
   ___ English
   ___ Spanish
   ___ French
   ___ Cape Verdean Creole
   ___ Hatian Creole
   ___ Other: ________________

6. What language do you use to prepare your child/children for school?
   (For example, teaching shapes, color, letters, numbers, etc.)
   Check all that apply
   ___ English
   ___ Spanish
   ___ French
   ___ Cape Verdean Creole
   ___ Hatian Creole
   ___ Other: ________________

7. Parents and teachers often have different views on what their child/children need(s) to know when entering kindergarten. Do you feel like you are aware of the basic school requirements for a child entering kindergarten?
   ___ Yes
   ___ No
   ___ I don’t know

8(a). Do you look for tips on how to prepare your child/children for school?
   ___ Yes
   ___ No

   If YES continue to question 8b, if NO skip to question 9.
8(b). Where do you look for tips on how to prepare your child/children for school?
Check all that apply
  ___ Online (Blogs, Websites, Newsletters, etc.)
  ___ Pamphlets, brochures
  ___ Magazines
  ___ Books
  ___ Television
  ___ Parenting groups
  ___ DSNI or other community organizations
  ___ Friends and family

9. In the past 30 days, has your child/children been to:
Check all that apply
  ___ Activities hosted by DSNI
  ___ Activities hosted by your local library
  ___ Activities at other community organizations
  ___ Supervised playtime with other kids/play groups

10. What do you do to make sure your child/children gets plenty of physical activity?
Check all that apply
  ___ Schedule playgroups
  ___ Take your child/children to the park
  ___ Have them play outside
  ___ Enroll your child/children in sports/structured physical activity
  ___ My child/children gets enough physical activity on their own
  ___ Other: ____________________________________________

We recognize, that many parents have very busy schedules. With this in mind, in the last seven days, how many times did you or someone in your household: (for questions 11-15, please circle one letter.)

11. Read a book to your child/children?
   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days
12. Practiced the alphabet with your child/children?
   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days

13. Told a story to your child/children?
   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days

14. Played rhyming games with your child/children?
   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days

15. Had a conversation with your child/children about the events of their day?
   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days

16. Had your child help prepare a meal?
   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days
   e. Not applicable for children under 2 years old

17(a). Do you sing songs with your child/children?
   ___ Yes
   ___ No

   If YES continue to question 17b, if NO skip to question 18.
17b. What types of songs do you sing with your child/children?

*Check all that apply*

___ Songs we hear on the radio
___ Children’s songs (nursery rhymes)
___ Songs in your native language
___ Songs that help children learn basic skills (counting, colors, etc.)
___ Other

18(a). For many parents with busy schedules, it is hard to make time for some activities with their child. In the past 30 days, have you and your child/children visited the library?

___ Yes
___ No

*If YES continue to questions 18(b) and 18(c), if NO skip to question 19.*

18b. In the last 30 days, how many times have you and your child/children been to the library?

a. 0 days
b. 1-2 days
c. 3-4 days
d. 5+ days

18c. If yes, did you checkout materials to bring home?

___ Yes
___ No

19. In the last week, how many times did your family sit down for dinner together?

a. 0 days
b. 1-2 days
c. 3-4 days
d. 5+ days
20. **How likely are you to introduce your child/children to new foods?**
   
   *This can include reintroducing them to food they previously have not liked.*
   
   a. Not very likely
   b. Somewhat likely
   c. Neutral
   d. Likely
   e. Very Likely

21. **When food shopping, how likely are you to point out different kinds of foods to your child/children?**

   a. Not very likely
   b. Somewhat likely
   c. Neutral
   d. Likely
   e. Very Likely
   f. Not applicable (I don’t take my child/children grocery shopping and/or my child is under 2 years old)

22. **How satisfied are you with the relationship you have with your child/children’s pediatrician?**

   *Pediatrician may also include a family doctor or regular health clinic.*

   a. Not At All Satisfied
   b. Slightly Satisfied
   c. Somewhat Satisfied
   d. Very Satisfied
   e. Extremely Satisfied

23. **Do you have any concerns about your child/children’s development?**

   *Developmental concerns could include physical, learning, and emotional.*

   ___ Yes
   ___ No
   ___ I don’t know

24. **Do you know how to find services that offer help with your child’s developmental concerns?**

   ___ Yes
   ___ No
   ___ I don’t know
25. In the last week, how many times have you had one on one time with your child/children?
   a. 0 days
   b. 1-2 days
   c. 3-4 days
   d. 5+ days

26. How satisfied are you with the quality of time you spend with your child/children?
   a. Not At All Satisfied
   b. Slightly Satisfied
   c. Somewhat Satisfied
   d. Very Satisfied
   e. Extremely Satisfied

For the following questions, please write your answers in the blank space provided.

28. Many people show affection in different ways. How can you tell your child/children knows you love them?

29. Use this space to include any other ways you prepare your child for school not mentioned in the survey, and/or further explain any answers you have given:

30. Do you have any feedback/comments about the survey and/or Dudley Children Thrive?