



# PROTECTIVE FACTORS SURVEY



**Dear Parents,**  
**As you are aware, Minding Miracles is a Grow NJ Kids rated program. As such, we are currently undergoing re-rating. The attached survey is requested by Grow NJ Kids in order to help determine the levels and types of support our families would benefit from. The survey is not mandatory; However, we would very much appreciate your participation by filling out the survey and returning it to the center. Thank you.**

## Informed Consent

### Purpose of Evaluation

Minding Miracles is conducting an evaluation to make sure that our program is meeting the needs of families in our community. It is a way for us to see what we are doing well and if there are areas in which we can improve. We want to provide the best possible services to families and this is one way to keep us on track.

### Your Participation

Part of the evaluation involves asking program participants to complete a survey about how our services are affecting them and their families. If you decide to participate, you will be asked to spend approximately 10-15 minutes answering questions about you and your family.

Your participation is voluntary. Your services will not be affected by your decision about participating or your responses on the survey.

### Confidentiality

If you choose to participate in this evaluation, your identity will be kept confidential. No identifying information will be shared with anyone outside of this program. Your name will not appear on the survey. Once you have completed the survey, the information will be transferred to a database and the survey will be destroyed.


You may find some of the questions uncomfortable or embarrassing to answer. Your privacy will be protected. Your information will be combined with all other participants and will never be shared or identified individually. Your honest answers help us improve services for all families, including yours.

### Questions?

If you have any questions or concerns about this evaluation, please email Beth at [edemarco.mmlc@gmail.com](mailto:edemarco.mmlc@gmail.com).

We hope you will help us by participating in this evaluation. Your participation will allow us to offer and improve services for all families.

- I agree to participate in the evaluation by responding to the survey.
- I choose not to participate at this time.

Participant's Signature	Date
	2/1/2023
Program Staff Signature	Date

*These next few questions are about you and your household. They will be used to help program staff understand the needs of people and families they are serving, and improve service provision. Remember, your responses to this survey are confidential.*

1. Sex:  A. Male  B. Female  C. Gender non-conforming/non-binary  D. Prefer not to answer

2. Age (in years): \_\_\_\_\_

3. Primary Language Spoken at Home:

- A. English  C. Creole  E. Arabic  G. Other: \_\_\_\_\_  
 B. Spanish  D. Mandarin  F. Russian

4. Race/Ethnicity (Please choose as many as apply):

- A. Native American or Alaskan Native  E. Hispanic or Latino  I. Multi-racial  
 B. Asian  F. Middle Eastern  J. Other \_\_\_\_\_  
 C. Black or African American  G. Native Hawaiian/Pacific Islander  
 D. African National/ Caribbean Islander  H. White (Non-Hispanic/ European American)

5. Relationship Status:

- A. Married  C. Single-never married  E. Widowed  
 B. Partnered  D. Divorced  F. Separated

6. Family Housing:

- A. Own  C. Shared housing with relatives/friends  E. Temporary (shelter, temporary with friends/relatives)  
 B. Rent  D. Homeless

7. Total Family Income:

- A. \$0 - \$10,000  D. \$30,001 - \$40,000  G. More than \$60,001  
 B. \$10,001 - \$20,000  E. \$40,001 - \$50,000  
 C. \$20,001 - \$30,000  F. \$50,001 - \$60,000

8. Highest Level of Education:

- A. No formal education  E. High school diploma or GED  I. 4-year college degree (Bachelor's)  
 B. Elementary  F. Trade/Vocational training  J. Advanced degree  
 C. Junior highschool  G. Some college  
 D. Some high school  H. 2-year college degree (Associate's)

9. Which, if any, of the following do you or your family currently receive? (Check all that apply)

- A. Supplemental Nutrition Assistance Program (SNAP/ foodstamps)  E. Temporary Assistance for Needy Families (TANF)  H. State Health Insurance (including children's health insurance)  
 B. Social Security Disability Income (SSDI)  F. Head Start/Early Head Start Services  I. Supplemental Security Income (SSI)  
 C. Medicaid  G. Unemployment Benefits  J. None of the above  
 D. Earned Income Tax Credit (EITC)  K. Other

Please tell us about the children living in your household.

10. CHILD #1     A. Male     B. Female     C. Gender non-conforming/ non-binary     D. Prefer not to answer

11. Date of Birth: \_\_\_\_\_

12. This child lives in my house:     Yes     No

13. What is your relationship to this child?

- A. Birth parent                       D. Foster parent                       G. Other relative  
 B. Step-parent                       E. Grand/Great-grandparent     H. Other  
 C. Adoptive parent                 F. Sibling

14. CHILD #2     A. Male     B. Female     C. Gender non-conforming/ non-binary     D. Prefer not to answer

15. Date of Birth: \_\_\_\_\_

16. This child lives in my house:     Yes     No

17. What is your relationship to this child?

- A. Birth parent                       D. Foster parent                       G. Other relative  
 B. Step-parent                       E. Grand/Great-grandparent     H. Other  
 C. Adoptive parent                 F. Sibling

18. CHILD #3     A. Male     B. Female     C. Gender non-conforming/ non-binary     D. Prefer not to answer

19. Date of Birth: \_\_\_\_\_

20. This child lives in my house:     Yes     No

21. What is your relationship to this child?

- C. Birth parent                       D. Foster parent                       G. Other relative  
 D. Step-parent                       E. Grand/Great-grandparent     H. Other  
 C. Adoptive parent                 F. Sibling

22. CHILD #4     A. Male     B. Female     C. Gender non-conforming/ non-binary     D. Prefer not to answer

23. Date of Birth: \_\_\_\_\_

24. This child lives in my house:     Yes     No

25. What is your relationship to this child?

- A. Birth parent                       D. Foster parent                       G. Other relative  
 B. Step-parent                       E. Grand/Great-grandparent     H. Other  
 C. Adoptive parent                 F. Sibling



**Part I.** Please *circle* the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

**Part II.** Please *circle* the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7



**Part III.** This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

**Child's Age** \_\_\_\_\_ **or** **DOB** \_\_\_/\_\_\_/\_\_\_

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

**Part IV.** Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7