

## **1B. CHILD CARE PROVIDER SCREENING INTERVIEW- FAMILY CHILD CARE**

(This interview is being conducted as a phone interview with child care providers. The script for the interview is embedded in the interview below.)

### **INSTRUCTIONS FOR THE INTERVIEWER**

--All text in brackets [ ] are instructions for you, the interviewer, and are not meant to be read aloud.

--All text that is in mixed case should be read aloud. This includes text in mixed case that appears in response options.

--All text that is in all CAPS should not be read aloud. If the all CAPS are in a response option only mark that option if the provider says that as an answer, do not read it aloud to the provider. If the all CAPS are in brackets [ ] they are instruction about what you should say. If the all CAPS are in brackets, for example, [YOUR NAME], say your name and not the words "your name."

--If the provider answers a question with a response that is not given, in most questions you can write what they do say in the space provided. For example, if the provider says, "I don't know" in response to the question, "How many children are enrolled in your program," you can enter the words "don't know" into the space provided for the number of children. The same is true if a provider refuses to answer a question. Please just enter the word "refused."

--When you are done with each screen please click on NEXT at the bottom of the page.

--If a provider changes his/her mind about a response you may go back to a previous response by clicking on PREV at the bottom of the page.

--Once you click DONE or EXIT at the end of the survey you will not be able to go back and change the responses.

### ***BEFORE CALLING THE PROVIDER***

[Interviewer should enter information on this page before making the phone call.]

#### **1. Please enter your ID number.**

This is the number that you were assigned when you were given the link to this screening interview.

PITC staff ID number \_\_\_\_\_

#### **2. Is this your first attempt at calling this provider?**

YES

NO, Please specify how many times you have called this provider \_\_\_\_\_

**3. Is this a child care center or a family child care program?**

Child care center

Family child care program → *SKIPS TO INTRODUCTION BEFORE QUESTION 40*

*BEGIN FAMILY CHILD CARE PROGRAM PHONE CALL*

Hi, this is [NAME], I am calling about the Study of the Program for infant Toddler Care, may I please speak with the owner or licensee of this child care program?

[If the owner or licensee is not available please ask when a better time to call would be and ask to leave a message for her/him. Leave your name and let the person who answered the phone know that you are calling about the Study of the Program for Infant Toddler Care and that you will call back at a more convenient time but leave your number. Click EXIT at the top right hand corner of the screen to leave the interview.]

*BEGIN FAMILY CHILD CARE PROGRAM INTERVIEW*

[If someone other than the owner or licensee answers start below.]

Hi, this is [NAME], I am calling about the Study of the Program for Infant Toddler Care.

[If the owner or licensee answered the phones start below.]

I got your contact information from [STATE WHO OR WHERE YOU GOT THEIR CONTACT INFORMATION FROM].

Your child care program was selected as a potential participant in this important research study because it is located within the study region and is licensed to provide child care to children younger than 2 years of age.

I would like to talk to you about your potential participation in this study. This should take about 20 minutes. Your participation is voluntary.

**4. Do you have time to discuss this now?**

NO

YES → *READ THE FOLLOWING AND SKIP TO QUESTION 42*

~~According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 20 minutes. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651.~~

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~~The collection of information in this study is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec.151(b) and Sec.153(a). Participation is voluntary. Your responses are protected from disclosure by federal statute (PL 107-279 Title I, Part C, Sec. 183). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.~~

Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific program or individual. We will not provide information that identifies you or your program to anyone outside the study team, except as required by law.

**40. When would be a good time to call back to discuss this important research study?**

[Record time]

Thank you. I will call back then.

[Exit survey. Click on Exit Survey in the upper right corner of this screen. Do not press NEXT. End phone call.]

**41. About a week ago you were sent information about this study. Did you receive this information?**

[IF PROVIDER ANSWERS NO, SAY: OKAY, I will send you that information again.]

NO  
YES

Okay, let me review or briefly tell you a little about the study. Then I would like to ask you a few questions about the child care you provide.

[Please pause and answer any questions the child care provider may have about anything you say below.]

The Study of the Program for Infant Toddler Care is a research project sponsored by the Regional Education Laboratory West and the U.S. Department of Education. This study will help policy makers understand how the Program for Infant Toddler Care, or the PITC, a highly regarded caregiver training program, helps children grow and learn.

The PITC provides training and technical assistance in caregiving practices.

This valuable PITC training is free for participants in the study. In addition, there is professional growth compensation, including either academic credits, \$350 in cash, or resource materials, for completion of the PITC curriculum.

About half of the programs in the study will be selected to receive the PITC training in 2007. Other programs will be given an option to receive the PITC in 2009.

Participation in the Study of the PITC is also free. In addition, all caregivers will receive a \$25 merchandise gift card for participating in the study in 2007 and again in 2008.

Your participation is important. The more child care providers that can participate in the study the more accurate our conclusions about the impact of the Program for Infant Toddler Care will be.

Do you have any questions or concerns about this study? [Answer any questions that the provider may have.]

I work for the Program for Infant Toddler Care and can answer any questions you have about the training program as well. Do you have any questions about the training program?

**42. Would you be interested in participating in this study?**

NO

YES → *SKIP TO INTRODUCTION BEFORE QUESTION 45*

**43. Why not? What are your concerns about participating?**

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*END INTERVIEW*

Thank you for letting me take the time to discuss this study with you.

*INTRODUCTION BEFORE QUESTION 45*

Great!

I have a few questions I would like to ask you about the child care you or your program provides. Then, I will call you back sometime next week to invite you to attend a meeting

to learn more about the PITC and the Study of the PITC. At this meeting you may sign up to have your program participate in the study.

First, I would like to ask you about your primary language and then I have some questions about how to contact you in the future.

**44. What is your primary language?**

English  
Spanish  
DON'T KNOW  
REFUSED  
Other (please specify) \_\_\_\_\_

**45. What is the name of your child care program?**

[Note to Interviewer: Some programs may not have names. If the program does not have a name just enter the word 'none'.]

\_\_\_\_\_

**46. What is your name?**

FIRST NAME \_\_\_\_\_  
LAST NAME \_\_\_\_\_

**47. What is the best way for us to contact you in the future?**

Direct phone  
Mobile/cell phone  
Email  
Other (please specify) \_\_\_\_\_

**48. What is that phone number or address?**

\_\_\_\_\_

**49. What is the address of your child care program?**

Again, we just need this information so that we can contact you in the future about the study or send you more information

STREET \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_  
ZIP \_\_\_\_\_  
COUNTY [if known] \_\_\_\_\_

Now I have some more specific questions about your program or the care that you provide.

**50. When do you provide care? During what hours and on what days do you provide care?**

Hours [e.g., 9am-6pm] \_\_\_\_\_  
Days [e.g., Monday-Thursday] \_\_\_\_\_

Now, I have some questions about the children in your care.

**51. How many children are currently in your care?**

\_\_\_\_\_

**52. How many children are you licensed to provide care for?**

\_\_\_\_\_

**53. How many children in your care are subsidized?**

[If provider does not understand what you mean by subsidized, please explain. By subsidized we mean a government agency pays part or all of the fee that you charge for the care of a child or children.]

[If provider answers 'no children', enter ;0' (zero) and move on to the next question.]

\_\_\_\_\_

**54. How many children in your care have parents who pay the full amount for that care?**

[If provider says that she/he does not charge for care please indicate that on the line below.]

\_\_\_\_\_

**55. How many children ages 3-24 months are currently in your care?**

\_\_\_\_\_

**56. Of the children age 3-24 months currently in your care, how many do you care for 20 hours per week or more? Your best estimate is fine.**

\_\_\_\_\_

**57. How many of the children age 3-24 months who are currently in your care do you expect will remain in your care until they are 3-years-old?**

\_\_\_\_\_

**58. Now, I have some questions about you and other caregivers or staff you might have for this child care program. How many total caregivers, including yourself, work in the program?**

Caregivers include all people over the age of 16 that work either full-time or part-time directly with the children. Include all caregivers, aides, assistants, and others who work directly with the children.

ONE [Provider or Owner is the only caregiver]  
MORE THAN ONE CAREGIVER. ENTER NUMBER. \_\_\_\_\_

**59. What is the language USUALLY spoken with infants or toddlers (children younger than 36 months) in your care?**

Please tell me the language you (and other caregivers if there are any) use most often when speaking with these younger children.

English  
Spanish  
Other (please specify) \_\_\_\_\_

**60. In addition to the language you (and other caregivers) speak in most often with infants or toddlers in your care, do you (and/or other caregivers) speak in other languages with these children?**

NO  
YES. Please specify the other languages. \_\_\_\_\_

**61. I just have a few more questions about your childcare program. About how long has this program been operating?**

ENTER YEARS. \_\_\_\_\_

**62. About how long have you been a licensed childcare provider?**

ENTER YEARS. \_\_\_\_\_

**63. About how long have you been licensed to provide care to infants or toddlers (children younger than 36 months)?**

ENTER YEARS. \_\_\_\_\_

**64. About how long have you personally worked in the childcare field?**

This would be in addition to providing care for or raising your own children.

ENTER YEARS \_\_\_\_\_

**65. Are you planning any major changes in the way that you provide care or to your child care program, such as expansions, cutbacks, or reorganization, within the next year?**

NO

YES. Please Explain. \_\_\_\_\_

**66. Has your program experienced any major changes, such as expansions, cutbacks, or reorganization, within the past year?**

NO

YES. Please Explain. \_\_\_\_\_

*END OF FAMILY CHILD CARE PROGRAM INTERVIEW*

This completes this interview. Thank you for taking the time to answer these questions. I will be calling in the next week or two to let you know about the meeting to learn more about participating in the study.