

## 1A.CHILD CARE PROVIDER SCREENING INTERVIEW-CENTERS

(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 CENTER SCREENING 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 center director or administrator?

[If the director 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 upper right corner of this page to leave the screening interview.]

*BEGIN INTERVIEW WITH CENTER DIRECTOR*

[If the Director did not answer the phone, start below.]

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

[If Director answers the phone start below.]

I got your child care center's 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 6*

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 per response. 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. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Rafael Valdivieso, U.S. Department of Education, 555 New Jersey Avenue, NW, Room 506E, Washington, D.C. 20208.

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.

**5. When would be a good time for me 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.]

**6. 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 your child care program.

[Please pause and answer questions that 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 on-site training and technical assistance in care giving 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, caregivers will receive a \$25 merchandise gift card for participating in the study in 2007 and again in 2008.

Your program's participation is important. The more programs 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 questions and try to relieve concerns]

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?

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

NO

YES → SKIP TO INTRODUCTION BEFORE QUESTION 9

**8. Why not? What are your concerns about participating in this study?**

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*END INTERVIEW*

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

*INTRODUCTION TO QUESTION 9*

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 discuss 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.

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

English

Spanish

DON'T KNOW

REFUSED

Other (please specify) \_\_\_\_\_

**10. What is your name?**

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

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

**11. What is your job title?**

\_\_\_\_\_

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

Direct Phone  
Mobile/Cell Phone  
Email  
Other (please specify)

**13. What is that number or address?**

\_\_\_\_\_

**14. What is the name of this child care center?**

[Note to interviewer: The name here is the name of the individual program. For example, if it is a Kindercare or Bright Horizons Center, we want the site-specific name (e.g., Little Angels Kindercare).]

\_\_\_\_\_

**15. What is the address of this center?**

[The interviewer must enter something on each line below. Please enter the county yourself if you know it. If you do not know the country, enter "unknown."]

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

**16. Would you like to designate one staff person at your center to be the primary contact for this study other than yourself?**

NO → *SKIP TO QUESTION 21*  
YES

**17. What is that person's name?**

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

**18. What is that person's job title?**

\_\_\_\_\_

**19. What is the best way for us to contact that person in the future?**

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

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

\_\_\_\_\_

**21. Is your center non-profit or for-profit?**

Non-profit  
For-profit  
DON'T KNOW  
REFUSED

**22. Is your program independent or is it sponsored by another organization?**

Examples of organizations that might sponsor a child care program are a church or government agency

Independent → *SKIP TO QUESTION 24*  
Sponsored  
DON'T KNOW

**23. What type of organization sponsors your child care center?**

Head Start  
Early Head Start  
Social service organization or agency  
Church or religious group  
Public school  
Private school  
College or university  
Private company or individual  
Non-government community organization  
State or local government  
Other (please specify) \_\_\_\_\_

**24. What are the funding sources for your center?**

[Please mark all that apply or all answers that the provider indicates are funding sources.]

Parents/guardians who pay the full fee or amount for care

State/Federal subsidies  
Early Head Start  
Head Start  
Other (please specify) \_\_\_\_\_

**25. When is the center open? What are your hours and days of operation?**

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

**26. Now I have some questions about the current enrollment at your center.**

**How many children are currently enrolled at your center?**

\_\_\_\_\_

**27. How many children is your center licensed to provide care for?**

\_\_\_\_\_

**28. How many children aged 3-24 months are currently enrolled at your center?**

\_\_\_\_\_

**29. Of the children age 3-24 months currently enrolled at your center, how many are enrolled 20 hours per week or more? Your best estimate is fine.**

\_\_\_\_\_

**30. How many of the children age 3-24 months who are currently enrolled at your center do you expect will remain enrolled until they are 3-years-old?**

\_\_\_\_\_

**31. In total, how many classrooms serve children ages 3-24 months at your center?**

\_\_\_\_\_

**32. Now, I have some questions about the staff at your center.**

**In total, how many paid staff work in classrooms with children younger than 36 months?**

Paid staff includes all full-time and part-time staff. Include all caregivers, aides, assistants, directors, and other staff who work directly with the children. Do not include bus drivers, cooks, or other staff who do not work directly with the children.

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**33. What is the language USUALLY spoken in the infant or toddler (children younger than 36 months) classrooms?**

This is the language most often used by caregivers when speaking to the children.

English

Spanish

Other (please specify) \_\_\_\_\_

**34. Are other languages spoken by caregivers in the infant or toddler classrooms?**

NO

YES. Please specify the languages. \_\_\_\_\_

**35. Please think about the staff members who work directly with the children. How many have you hired in the last 12 months?**

Please include only caregivers, aides, assistants, directors, and other staff who work directly with the children. The person hired does not have to still be employed to be included in the count. What is your best estimate?

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**36. Think about the staff members who work directly with the children. How many have left the center in the last 12 months?**

Please include only caregivers, aides, assistants, directors and other staff who work directly with the children.

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**37. I just have a few more questions about your center. About how long has this center been operating?**

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



**38. Is the center planning any major changes, such as expansions, cutbacks, or reorganizations, within the next year?**

NO

YES. Please explain. \_\_\_\_\_

**39. Has the center experienced any major changes, such as expansions, cutbacks, or reorganization, within the past year?**

NO

YES. Please explain. \_\_\_\_\_

*END CENTER SCREENING INTERVIEW*

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