

OMB Control Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Length of time for instrument: 0.08 hours

## APPENDIX I:

FPRQ Pilot Test Instruments for Ineligible Center Directors

2/1/12

## Family and Early Care and Education Provider Relationship Quality Study CENTER DIRECTOR SCREENER

### A) IF CONTACTING PARTICIPANT FOR THE FIRST TIME/RETURNING A CALL:

Hello. My name is [WESTAT STAFF NAME] and I'm calling from Westat, a research firm located in Rockville, Maryland. May I speak with the program director?

<b>CONNECTED WITH CENTER DIRECTOR</b>
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Westat is conducting a research study for the U.S. Department of Health and Human Services about the relationship between parents and their children's early care and education providers. The study is interested in how families and early care and education providers work together to care for and educate children ages 0-5. We are currently recruiting early care and education programs to participate in this study.

1. Is your program:

- A Head Start or Early Head Start program (**GO TO PROGRAM TAB**)
- A pre-school (**GO TO PROGRAM TAB**)
- A child care center (**GO TO PROGRAM TAB**)
- A home-based child care setting (**GO TO HOME-BASED SETTING TAB**)
- Other: \_\_\_\_\_

**CENTER/PROGRAM DIRECTOR SCREENER CONTINUED**

As the program director, you will be asked to complete a brief survey about your program. The survey will take about 15 minutes to complete. As a token of our appreciation, we will give you a check for \$50.

In order to make sure that your program/center is eligible to participate in the study, I need to ask you a few questions.

Before we start, I want to assure you that your participation is completely voluntary and that your responses will remain confidential. If we come to a question you do not wish to answer, please let me know and we will move on to the next question.

1. How old are the children in your program/center?

- 0-2 YEARS OLD
- 3-5 YEARS OLD
- 6 AND OLDER **ONLY (GO TO INELIGIBLE TAB)**

2. How many children attend your program/center?

- 1
- 2-5
- 5-10
- MORE THAN 10

We are also recruiting individual teachers/childcare providers to complete a survey about their experiences teaching and caring for children. The teacher/ provider survey will take about 30 minutes to complete and, as a token of our appreciation, we will send each provider a check for \$25 after receiving their completed survey by mail. Would you be able to give us the names of providers in your program/center that would be interested in completing the provider survey?

- YES
- NO **(GO TO INELIGIBLE TAB)**

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Great! Based on what you have told me, your program is eligible to participate in this study!

Because this study is interested in how parents and early care and education providers work together to teach and care for children, we will also be recruiting parents to complete a similar survey about how they work with their children's providers/teachers. In order to recruit parents, I need your permission to hand out brochures and flyers to parents of children in your program/center.

**IF RESPONDENT REFUSES TO PROVIDE THIS INFORMATION TO PARENTS, OR ALLOW US TO POST FLYERS/BROCHURES IN THE CLASSROOMS/NEAR THE CLASSROOMS, GO TO INELIGIBLE TAB. OTHERWISE, CONTINUE.**

I would like to set up a time when I could come by and drop off the brochure and study materials, your survey, and your check. It would be best if this were a convenient time for me to also meet the providers/teachers in your program who may also be willing to participate. When I come by to meet you and the providers, I will also bring some brochures and flyers that you can post or give to parents. When would be a good time for me to come by?

**SET UP MEETING**

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

**CONFIRM ADDRESS FOR MEETING**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

I'll also bring your check for \$50 when I stop by. Can you tell me exactly how your name should appear on the check?

NAME: \_\_\_\_\_

In case I need to reach you by phone what is the best phone number to reach you?

\_\_\_ THIS PHONE NUMBER

\_\_\_ NEW PHONE NUMBER \_\_\_\_\_

Is there another phone number you can provide me in case I'm unable to reach you at this phone number?

\_\_\_\_\_

Is there an email address I may use to contact you in case I need to reach you?

EMAIL ADDRESS: \_\_\_\_\_

Great! I look forward to meeting you on **[DATE]**. Thank you for agreeing to participate in this important study!

<b>IN PERSON MEETING WITH PROGRAM/CENTER DIRECTOR</b>
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Hi, my name is [WESTAT STAFF NAME] and we spoke over the phone about your program participating in this study that Westat is conducting about the relationship between parents and early care and education providers.

- GIVE RESPONDENT THEIR CHECK**
- GIVE RESPONDENT SURVEY PACKAGE**
- OBTAIN SIGNED CONSENT FORM**
- LEAVE RESPONDENT WITH BROCHURES/FLYERS TO BE POSTED IN CARE CENTER**

Is now still a good time for me to meet with the teachers/providers that may also be willing to participate in the study?

**HOME-BASED CARE SETTING SCREENER CONTINUED**

You will be asked to complete a survey about your care setting and your experiences caring for children. The survey will take about 45 minutes to complete. As a token of our appreciation, we will give you a check for \$50 after receiving your completed survey.

In order to make sure that care setting is eligible to participate in this study, I need to ask you a few questions.

Before we start, I want to assure you that your participation is completely voluntary and that your responses will remain confidential. If we come to a question you do not wish to answer, please let me know and we will move on to the next question.

1. How old are the children you care for?

- 0-2 YEARS OLD
- 3-5 YEARS OLD
- 6 AND OLDER **ONLY (GO TO INELIGIBLE TAB)**

2. How many children do you care for?

- 1
- 2-5
- 5-10
- MORE THAN 10

OMB Control Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Great! Based on what you have told me, you are eligible to participate in this study!

We are also recruiting parents to complete a brief survey. In order to recruit parents, we are asking participating care settings to pass out brochures and flyers to parents of children in their care.

I would like to set up a time when I could come by and drop off these brochures and flyers, your survey, and your check. When I come by to meet with you I will also bring some brochures and flyers that you can post or give to parents. When would be a good time for me to come by?

**NOTE: IF PROVIDER WANTS TO CHECK WITH PARENTS FIRST BEFORE AGREEING TO PARTICIPATE, ARRANGE A TIME TO CALL BACK**

**TIME TO CALL BACK:**

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

**Let's set a tentative date to meet and I will send you some materials about the study, including a brochure, that you can share with parents.**

**SET UP MEETING**

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

**CONFIRM ADDRESS FOR MEETING**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

I'll also bring your check for \$50 when I stop by. Can you tell me exactly how your name should appear on the check?

NAME: \_\_\_\_\_

In case I need to reach you by phone, what is the best phone number to reach you?

\_\_\_ THIS PHONE NUMBER

\_\_\_ NEW PHONE NUMBER \_\_\_\_\_

Is there another phone number you can provide me in case I'm unable reach you at this phone number?

Is there an email address I may use to contact you in case I need to reach you?

EMAIL ADDRESS: \_\_\_\_\_

Great! I look forward to meeting you on **[DATE]**. Thank you for agreeing to participate in this study!

FOR CALL BACKS: Thank you for considering participating in this study! I look forward to talking with you again on DATE \_\_\_\_\_ .

### **IN PERSON MEETING WITH HOME-BASED PROGRAM DIRECTOR**

Hi, my name is [WESTAT STAFF NAME] and we spoke over the phone about your participating in the study that Westat is conducting about the relationship between parents and their children's teachers or child care providers.

- GIVE RESPONDENT THEIR CHECK**
- GIVE RESPONDENT SURVEY PACKAGE**
- OBTAIN SIGNED CONSENT FORM**
- LEAVE RESPONDENT WITH BROCHURES/FLYERS TO BE POSTED IN CARE SETTING**



**PARTICIPANT IS INELIGIBLE BASED ON ANSWERS PROVIDED**

Unfortunately, you are not eligible to participate in our study. I'd like to thank you for your interest and time.

**PROGRAM DIRECTOR REFUSED TO PROVIDE THE NAMES OF TEACHERS OR REFUSED TO PROVIDE THE INFORMATION TO PARENTS.**

Thank you for your time. Do you know of another program like yours that may want to participate in this study?

**IF YES-RECORD INFORMATION FOR THE OTHER PROGRAM**

NAME OF DIRECTOR: \_\_\_\_\_

NAME OF PROGRAM: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF PROGRAM DIRECTOR DOES NOT KNOW ANOTHER PROGRAM.**

Okay, thank you for taking the time to speak with me. I greatly appreciate it. Goodbye.