OMB Control Number:	
Expiration Date:	

Length of time for instrument: <u>0.08 hours</u>

APPENDIX K:

FPRQ Pilot Test Instruments for Ineligible ECE Providers

2/1/12

OMB Control Number:	_
Expiration Date:	_

Family and Early Care and Education Provider Relationship Quality Study CHILDCARE PROVIDER/TEACHER SCREENER

MEETING WITH THE RESPONDENT IN PERSON

Hi, my name is **[INTERVIEWER NAME]**. **[CENTER DIRECTOR]** recommended I speak with you about participating in a study that Westat is conducting about how families and their children's teachers or child care providers work together to care for children. As part of this study, we are asking teachers/providers to complete a brief survey about their experiences caring for children ages 0-5.

The survey will take about 30 minutes to complete, and as a token of our appreciation we will send you a check for \$25 after receiving your completed survey.

In order to make sure that you are 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, which will be combined with those of others, 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 many	hours r	per week	do vou	provide	care for	children?

- □ LESS THAN 15 HOURS (GO TO INELIGIBLE TAB)
- □ 15 HOURS OR MORE HOURS
- 2. How many children/families do you provide care for/work with?
- **1**
- □ 2-5
- □ 5-10
- □ MORE THAN 10

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

As part of the study, we are also recruiting families to take a brief survey. The survey will take about 30 minutes to complete and we will also give parents \$25 for their participation. I would like to ask you to help by providing parents these brochures.

IF TEACHER/PROVIDER REFUSES TO GIVE PARENTS THE BROCHURES/FLYERS <u>AND</u> REFUSES TO ALLOW YOU TO LEAVE BROCHURES/FLYERS IN THE CARE SETTING FOR PARENTS, GO TO INELIGIBLE TAB.

- **□** GIVE TEACHER/PROVIDER THE SURVEY PACKAGE
- □ PROVIDE TEACHER WITH BROCHURES/FLYERS OR SET UP AN AREA IN THE CLASSROOM FOR PARENTS TO TAKE BROCHURES/FLYERS

OMB Control Number:	
Expiration Date:	

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.