

Appendix B-1:
Recruitment Protocols/Screeners
Program Screener

Family and Early Care and Education Provider Relationship Quality Study PROGRAM 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?

CONNECTED WITH PROGRAM DIRECTOR
--

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: _____

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.

The office of Management and Budget has approved the data collection under OMB #XXXX-XXXX. OPRE is authorized to conduct this study under Section 649 of the Head Start Act, as amended by the Improving Head Start for School Readiness Act of 2007, codified at 42 United States Code (U.S.C.) 9844.

OMB No.: XXXX-XXXX Expiration date: XX/XXXX

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 \$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 private. 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/child care 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 or would you be willing to let us to talk with providers in your program to recruit them?

- 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 the \$50. 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 to 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 you the \$50 when I stop by.

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?

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EMAIL ADDRESS: _____

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

IN PERSON MEETING WITH PROGRAM/CENTER DIRECTOR

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?

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HOME-BASED CARE SETTING SCREENER CONTINUED

You will be asked to complete two short surveys, one is about your care setting and the other is about your experiences caring for children. The surveys will take about 45 minutes to complete. As a token of our appreciation, we will give you \$50.

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 private. 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 is/are the child/children you care for?

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

1. How many children do you care for?

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

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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 surveys, and the \$50. When I come by to meet with you I will also bring some brochures and flyers to 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 you the \$50 when I stop by.

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?

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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 _____ .

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IN PERSON MEETING WITH 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**

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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.

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