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

# APPENDIX E:

FPRQ Cognitive Interview Instruments for Ineligible ECE Providers

3/16/12

# Cognitive Interview Screener Family-Provider Relationship Quality Measurement Project

#### **PROVIDERS**

#### A) IF POTENTIAL PARTICIPANT CALLS IN:

Thank you for calling us. Child Trends is conducting a research study on the relationships between parents and those who care for or teach their children, as well as Family Service Workers in Head Start programs. We are in the process of developing a survey about what is important in these relationships, and we will be conducting interviews with providers, teachers, and staff who work with families to help us improve the questions we are working on. We are currently recruiting individuals who provide care for or teach young children, and those who work directly with families.

The interview will last approximately 2 hours. As a token of our appreciation, we will give you \$50 at the end of the interview.

In order to make sure that you are eligible to participate in the study, I need to ask you a few questions. This will take about 5 minutes. Do you have any questions before I begin?

Just in case we get disconnected, can I get the phone number that you are calling from?	
(cell/landline)	

### B) IF RETURNING A CALL:

Hello. My name is **[SCREENER'S NAME].** I'm calling from Child Trends. May I speak with **[POTENTIAL PARTICIPANT]**?

### ONCE YOU VERIFY THAT YOU ARE SPEAKING TO THE CORRECT PERSON, PROCEED.

I'm calling about the research study Child Trends is conducting on the relationships between parents and those who care for or teach their children, as well as Family Service Workers in Head Start programs. We are in the process of developing a survey about what is important in these relationships; and we will be conducting interviews with providers and teachers to help us improve the questions we are working on. We are currently recruiting individuals who provide care for or teach young children, and those who work directly with families.

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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 private to the extent permitted by law. 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.	What is your	job title	or role a	t the pl	ace where	you provide	e care/work	with fa	amilies?

- (IF NANNY/BABYSITTER: GO TO STOP SCREENER)
- (IF DIRECTOR: PROCEED TO QUESTION 2)
- (IF TEACHER, CARE PROVIDER, AIDE, OR FAMILY SERVICE WORKER: SKIP TO QUESTION 3)

2. ]	ĺs	your	prog	gram	a:
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- □ Preschool (GO TO DIRECTOR QUESTIONNAIRE ON PG. 6)
- □ (Early) Head Start (GO TO DIRECTOR QUESTIONNAIRE ON PG. 6)
- □ Child care center (GO TO DIRECTOR QUESTIONNAIRE ON PG. 6)
- □ Home-based/Family-based care center (PROCEED WITH PROVIDER QUESTIONNAIRE)

3.	Can '	vou te	ll me	how	vou	learned	about	the	study?	)
•		,			,,		aooae		Jeau, .	

Local newspaper/weekly, specify which one
Flyer, specify where
Craigslist
Program/clinic/center, specify
Child Trends staff announcement
Other, specify

# 4. Are you 18 years or older

- □ Yes
- □ No (GO TO STOP SCREENER)

5.	Do you	teach, provide care or work directly with families at a:
	0	Preschool (Early) Head Start  Are you a Family Service Worker or do you work directly with families at a Head Start?  Yes  No Child care center
	Do you	: Care for one or more children out of your own home or the home of someone else ?
		Help care for the child(ren) of a:  Relative, (GO TO STOP SCREENER) Friend, or  Did you have a relationship with this person before you began caring for their child(ren)?  Yes (GO TO STOP SCREENER)  No
		<ul> <li>Neighbor</li> <li>Did you have a relationship with this person before you began caring for their child(ren)?</li> <li>Yes (GO TO STOP SCREENER)</li> <li>No</li> </ul>
		None of the above (GO TO STOP SCREENER)
6.	How ol with)?	d is (are) the child(ren) (in your center/you care for/you teach /of the families you work  Specify  (NOTE: IF PROVIDER ONLY CARES FOR CHILDREN 6 OR OLDER GO TO STOP SCREENER)
7.	_ _ _	any hours a week do you provide care for this (these) child(ren)/work with families?  1-9 (GO TO STOP SCREENER)  10-20  21-40  More than 40
8.		ong have you been (providing care for children/teaching children/working directly with s of children)?  Less than a year  1-3 years  More than 3 years

	9. W	hat would you say the income is for most of the families you serve? Your best guess is fine.  Low-income  Middle-income  High-income  Don't know (PROBE)
Ok	ay, now	I have some questions about you.
	10. Ar	re you of Hispanic or Latino origin?
		□ Yes □ No
	11.	
		□ What is your racial background? <b>(NOTE: Mark one or more.)</b> White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Other Pacific Islander □ Other, specify
	12. In	what country were you born?
	<u> </u>	Born in the U.S. Born elsewhere (specify)
	13. W	hat town/city and state do you currently live in?  Specify
	14. W	hat language do you use in the care setting? English only English and Spanish English and other: Spanish only Other:

15. What is <i>yo</i>	ur language preference?		
<b>0</b>	English (PROCEED TO MAT Spanish**	ΓRIX)	
J	(**NOTE: DURING ROU	<u>UND 1</u> , PROCEED TO Q 16**)	
	(**NOTE: DURING ROU Other	UNDS 2 OR 3, PROCEED TO MATRIX**)	
16. Are you ab	le and interested in doing an inte	erview in English?	
_ _	Yes No <b>(GO TO STOP SCREENE</b>	ER)	
<ul><li>Compare re</li><li>If prospects proceed an</li></ul>	d schedule for the interview. mbers for characteristics have be		
IF POTENTIAL I	PARTICIPANT IS ELIGIBLE	, SCHEDULE FOR INTERVIEW.	
Based on what you	have told me, you are eligible fo	or the study.	
	INTERVIEWER: CHECK IN	NTERVIEWER AVAILABILITY	
Which time/day wo	ould work best for you?		
The interview is go receive \$50.	ing to be held at <b>[INTERVIEW</b>	LOCATION]. At the end of the interview, you w	rill
your interview. The what we will be do that you read the coupling before we begin the	e letter/email will also include a ing, your rights as a study partici onsent form before you attend the e interview and you will have an	ou a reminder letter with the time, date, and location copy of the project consent form describing the stuipant, and other important information. We request e interview. We will also review the consent form opportunity to ask any questions or raise any conceil so that I can you send you this?	ıdy, t
Street Address:			
City:	State:	Zip Code:	
Email:			

You will also receive a reminder call the day before your interview.

Is the number you provided us the best number to reach you? can reach you?	If not, can I have a phone number where I
Phone number confirmedNew number provided (cell/landline)	

Thank you for agreeing to participate in this important study. We look forward to meeting you on **[DATE]** at **[TIME]**. Again, the interview will take place at **[INTERVIEW LOCATION]**. The day before the interview you will also receive a reminder call from us. If you have any questions before then, please feel free to call us at (202)553-2900 or toll-free at 1-888-418-4585.

### IF NOT SURE WHETHER TO SCHEDULE POTENTIAL PARTICIPANT FOR INTERVIEW:

I need to talk with my supervisor to confirm whether you are eligible to participate in the study.

**STOP SCREENER:** Thank you. Unfortunately, you are not currently eligible to participate in our study. I'd like to thank you for your interest and time. **[IF PARTICIPANT IS ELIGIBLE, BUT GROUP IS FULL]** If you are interested, we can keep your information and contact you if one of the cognitive interview participants cancels.