

ATTACHMENT A.1
PROGRAM RECRUITMENT SCREENER

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 0970-0355. The time required to complete this collection of information is estimated to average 10 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. This information collection is voluntary. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Jerry West.

FACES PILOT STUDY PROGRAM RECRUITMENT SCRIPT**Program Recruitment Script**

Goals of the call:

- A. Introduce yourself
- B. Describe the purpose of the study
- C. Provide an overview of the study activities
- D. Complete the Program Recruitment Screener
- E. Summarize next steps

A. INTRODUCTION

Hello, my name is [NAME]. I am calling from Mathematica Policy Research in regards to the Family and Child Experiences Survey (also known as FACES) Pilot Study.

May I please speak with [PROGRAM DIRECTOR]?

I am contacting you about potentially helping us with an important study aimed at identifying optimal approaches to assessing dual language learner children in Head Start, and interviewing the parents of those children in future rounds of the FACES study. As we explained in the letter we sent you on [DATE], we are reaching out to you because your program participated in the [INSERT ROUND] round of FACES. Are you familiar with the FACES Study? *IF NOT FAMILIAR WITH THE FACES STUDY, SAY:* The FACES Study is designed to provide descriptions of the characteristics, experiences, and outcomes for children and families served by Head Start and to observe the relationships among family and program characteristics and outcomes. The study has been conducted in 1997, 2000, 2003, 2006, and 2009, and a new round will begin in the fall of 2014. Before we begin that round of data collection, we are currently looking for Head Start programs that are willing to participate in a pilot study to refine our measures of children's vocabulary and language development and the data collection procedures we will be using next year. Mathematica is conducting the study for the Administration for Children and Families, U.S. Department of Health and Human Services. You are under no obligation to participate in this new study, but we hope you will agree to help us.

I would like to briefly review the study purpose and activities and discuss your potential participation. This should take about 10 minutes. *IF NOT A GOOD TIME, SAY:* I understand you are busy. What is the best time to

contact you to discuss the study? *SCHEDULE A CALL-BACK DAY/TIME. THANK THE DIRECTOR.*

B. STUDY PURPOSE

As I mentioned, the goal of this project is to help the Administration for Children and Families refine their approach to assessing the development of dual language learner children and interviewing their parents. As part of the study, we will pretest a battery of vocabulary and language measures for Spanish-speaking children, and also pretest the Survey on Well-Being of Young Children (SWYC), a questionnaire that asks parents about their child's development. While we would like to assess Spanish-speaking children and survey their parents, we are interested in learning how to better assess Head Start children regardless of their home language. Therefore, we will want to assess English-speaking children and survey their parents as well.

C. OVERVIEW OF STUDY ACTIVITIES

We would like to work with two centers in your program. We would send a team of trained assessors to individually work with the children in two or three of the classrooms in each center. No child would be assessed without signed parental consent. Parents who consent for their children to take part in the study will be invited to participate in a 10-minute survey conducted either on the web or over the telephone. Some of the parents who complete the survey will be contacted for a follow-up discussion to talk about their experiences answering the questions in the survey. We would like to conduct these data collection activities during [FILL SPRING MONTHS] of 2014.

All of the information we collect will remain private and will be used only for research purposes. None of the information shared by participating programs or parents will be associated with individual programs. As a token of our appreciation, participating programs will receive a \$200 gift card. Parents will receive a gift card valued at \$15 for completing the survey, and a gift card valued at \$20 for the follow-up discussion.

Do you have any questions about anything I have said so far?

Is your program willing to participate in the study?

IF YES, CONTINUE TO SECTION D (COMPLETE PROGRAM RECRUITMENT SCREENER).

IF NEED ADDITIONAL TIME TO CONFIRM PARTICIPATION, CONTINUE BELOW.

IF NO, THANK THE PROGRAM DIRECTOR FOR HIS/HER TIME.

SCHEDULE CALL-BACK DAY/TIME TO CHECK-IN ABOUT POTENTIAL PARTICIPATION: Thank you for taking the time to speak with me today. When

would be a good time for us to check in about your program's potential participation in the study? [SCHEDULE DAY/TIME]. [DEPENDING ON THEIR PREFERRED METHOD OF RECEIPT, OBTAIN MAILING/EMAIL ADDRESS OR CONFIRM IF ALREADY ON FILE]. If you have any questions, please feel free to contact me at [PROVIDE PHONE NUMBER AND/OR EMAIL ADDRESS].

THANK THE DIRECTOR, END CALL, AND DOCUMENT DISCUSSION. IF THE PROGRAM AGREES DURING CALL-BACK, READ SCRIPT IN SECTION D AND CONTINUE.

D. ADMINISTER PROGRAM RECRUITMENT SCREENER

Great! Now, I would like to take a few extra minutes to ask you some questions about your program and the characteristics of the families that you serve. Because we have targets in terms of the numbers of English and Spanish speaking children and families we would like to participate, we would like to know the approximate percentage of English-and Spanish-speaking children and families served by your program.

ADMINISTER PROGRAM RECRUITMENT SCREENER. THEN CONTINUE TO SECTION E.

E. SUMMARIZE NEXT STEPS

Thank you for your time and willingness to help us with this important study.

Based on the information you shared with us about your program, we will select two centers to participate in the Pilot. We will then prepare and send you the Classroom Selection Form for you or the OSC to complete for each selected center. Do you have any questions about anything we have discussed today? [ADDRESS QUESTIONS]. Thank you again for taking the time to speak with me, and I will be in touch soon.

PROGRAM RECRUITMENT SCREENER

OMB No:
Expiration Date:

FACES Pilot Study

Program Recruitment Screener

Spring 2014

Program ID:	_ _ _ _ _ _ _
Recruiter ID:	_ _ _ _ _ _ _
Date Completed:	_ _ _ / _ _ _ / 2 0 1 4
	Month Day Year

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 **0970-0355**. The time required to complete this collection of information is estimated to average 10 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. This information collection is voluntary. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Jerry West.

A. PROGRAM CHARACTERISTICS AND ENROLLMENT

A1. As of January 1, 2014, what is the actual enrollment of children in your Head Start program?

PROBE: All we need is an approximation. Your best estimate is fine.

|_|_|_|_| NUMBER OF ENROLLED CHILDREN

A2. We would like to understand the way your Head Start program plans services to best meet the needs of enrolled families. What percentage of families in your Head Start program is currently served through each the following program options?

	PERCENTAGE OF FAMILIES
a. Home-based services, in which Head Start services are provided primarily in the child's home.....	_ _ _ _
b. Center-based services, in which services are provided primarily at a child care center.....	_ _ _ _
c. Some other program option (<i>Specify</i>).....	_ _ _ _
INTERVIEWER CHECK: CONFIRM PERCENTAGES PROVIDED SUM TO 100. IF NOT, ASK FOR CLARIFICATION FROM RESPONDENT.	
	_ _ _ _

INTERVIEWER CHECK: IF A2_b LESS THAN 75%, STOP ADMINISTERING SCREENER AND SAY: "Thank you for your time today. We are interested in working with programs that are primarily center-based. Because your program primarily serves children and families at home, it is not a good fit for the study. Thank you again. Good-bye."

CENTER-BASED PROGRAMS

A3. How many centers do you have? Could you give me the name of each Head Start center in your program as well as its address and/or zip code. Please also provide the approximate percentage of dual language learner children at each center. Dual language learner children are children whose first language is not English and who are learning English for the first time in Head Start. Finally, for each center, please tell me whether it has computers with internet access available for parents' use.

IF THIS IS A LARGE PROGRAM, ASK IF THEY CAN EMAIL OR FAX YOU THE INFORMATION.

	ZIP CODE	DLL PERCENTAGE	HAS INTERNET ACCESS FOR PARENTS? YES/NO
Center 1: _____	_ _ _ _	_ _ _ _	
Center 2: _____	_ _ _ _	_ _ _ _	

Center 3: _____	_ _ _ _ 	_ _ _ _	
Center 4: _____	_ _ _ _ 	_ _ _ _	
Center 5: _____	_ _ _ _ 	_ _ _ _	
Center 6: _____	_ _ _ _ 	_ _ _ _	

B. FAMILY CHARACTERISTICS

B1. Thinking about the children enrolled in your program, what percentage of children speak...

	PERCENTAGE OF CHILDREN
a. English?.....	_ _ _ _
b. Spanish?.....	_ _ _ _

INTERVIEWER CHECK: CONFIRM PERCENTAGES PROVIDED SUM TO 100. IF NOT, ASK FOR CLARIFICATION FROM RESPONDENT.

|_|_|_|_|

C. SCHEDULING DATA COLLECTION VISITS

I have just a few more questions.

C1. What are your program's hours and days of operation? That is, the days and hours when children are attending.

|_|_| : |_|_| AM/PM TO |_|_| : |_|_| AM/PM

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

C2. On-Site Coordinator Contact Information

To make it easier for you to coordinate with us, we recommend you designate a point person from your program. If you would like, this person can be you. If your program agrees to take part in the study, the on-site coordinator will help us collect child consent forms and schedule the dates for the data collection visits.

ASK ONLY IF APPLICABLE: Who would you like this person to be?

IF OTHER STAFF IDENTIFIED AS ON-SITE COORDINATOR, ASK PROGRAM DIRECTOR TO PROVIDE YOU WITH (HIS/HER) CONTACT INFORMATION BELOW.

PROGRAM NAME

NAME OF ON-SITE COORDINATOR

POSITION/TITLE OF ON-SITE COORDINATOR

EMAIL ADDRESS OF ON-SITE COORDINATOR

CITY _____

STREET

STATE

ZIP CODE

PHONE NUMBER

|_|_|_| - |_|_|_| - |_|_|_|_|
Area Code