

TELEPHONE SCRIPT FOR CENTER DIRECTORS

INTRODUCTION

My name is _____. I am calling from The Catholic University of America to talk about your center's participation in the Migrant and Seasonal Head Start Study (which we refer to as the MSHS Study). Catholic University is a partner to Abt Associates, which is the organization leading this study.] I am calling about [CENTER NAME]. We recently sent you a letter informing you that your center was selected to be part of a study for the Administration for Children and Families of the U.S. Department of Health and Human Services. We included a fact sheet with information about the study. Did you receive a letter about the study and other materials from Dr. Linda Caswell? And have you had a chance to go over them? [HAVE LETTER AVAILABLE TO PROVIDE INFORMATION IF PERSON IS NOT FAMILIAR WITH THE STUDY.]

Is this a good time to talk? I would like to answer any questions you have about the MSHS Study, discuss the logistics of the study with you, and obtain your agreement to participate. If you agree to participate, I would also like to speak with you about identifying an onsite coordinator for your center. That person will work with the MSHS project team to plan the visits to your center. I would also like to explain more about how centers were selected and how participants will be selected for the study. This call should take no more than an hour to complete. [IF ASKED FOR TYPICAL DURATION, SAY AT LEAST 30 MINUTES BUT UP TO 45-60 MINUTES].

[ALLOW TIME FOR QUESTIONS, RESPOND OR DEFER UNTIL LATER IN THE CALL WHEN THE TOPIC IS PRESENTED.]

Your participation today is voluntary. An agency may not conduct or sponsor a federal study and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is xxxx-xxxx and it expires xx/xx/xxxx.

SITE VISIT PURPOSE AND BASIC ACTIVITIES

First, I would like to quickly review some of the details about the purpose and design of the study that we included in the letter and describe the activities that will take place when we visit centers. Please stop me at any time if you have questions.

- The purpose of the MSHS Study is to provide descriptive information about the characteristics of children and families who receive Migrant and Seasonal Head Start services and of the Migrant and Seasonal Head Start programs and centers that serve them.

- The information that comes from the MSHS Study will be used to identify strategies to improve MSHS services. Abt Associates will not judge or report on the performance of individual programs, staff, or children.
- We will conduct onsite study activities at selected centers. Onsite study activities will include interviews with parents, assessments with children participating in the study, teacher surveys, and classroom observations.

If you agree to participate, the MSHS team will visit your center between spring 2017 and spring 2018.

- During each visit, a small study team will spend about one week in your center. We will work with center staff to identify a private place to conduct parent interviews and child assessments. Centers that agree to participate in the onsite data collection will receive an honorarium of \$250.
- We will work with an onsite coordinator and center staff to limit any disruption caused by our visit.
- We will administer child assessments to children in the study. The assessments measure a range of areas that are covered by the Head Start's Child Development and Early Learning Framework. The assessments will be administered by members of our staff who have been specially trained to assess children for this study. Assessors will be bilingual in Spanish and English.
- We will also observe selected classrooms and ask teachers and assistant teachers in the classrooms selected to complete surveys. Each classroom that is observed will be given a \$25 check. Teachers from selected classrooms will be asked to supplement this survey information by completing a brief report about the development of selected children in their classrooms. Teachers are expected to complete the survey and child reports on their own time and will receive a \$30 check for their time completing the survey, and \$5 for each child report. Assistant teachers will only be asked to complete the survey and will receive a \$15 check for their time.
- During the onsite visit, we will also interview one parent of each child participating in the study. Parents will receive \$30 cash for their time completing the interview. Also, children will be given a small gift worth \$2. **(IF NECESSARY, CLARIFY THAT BOTH PARENTS CAN ATTEND THE INTERVIEW, BUT ONLY ONE INCENTIVE IS PROVIDED PER FAMILY.)**

Now, moving onto three other important points.

First, all information will be kept private to the extent permitted by law. All information collected during the course of the MSHS Study will be kept private to the extent permitted by law. All information collected will be shared in de-identified form with ACF and other authorized researchers. Grantees/delegate agencies, centers, staff, and families will never be identified by name in any reports of the study's findings.

Second, field staff requirements include criminal background checks. To ensure the safety of our field staff and participants, all newly hired and rehired field staff will be required to pass a background check.

And finally, information collected during this study is not for accountability or monitoring. We want to assure you that the information collected during this visit will be reported only in aggregate with information from all of the MSHS centers. It will not be used for accountability or monitoring purposes.

Do you have any questions so far?

Next, I want to confirm and collect some basic information about your center. **[CONFIRM AND/OR UPDATE THE FOLLOWING INTO THE MSHS DATABASE OR ON THE CONTACT SHEET FOR LATER DATA ENTRY]:**

- **CONFIRM CONTACT INFORMATION:** Would you mind confirming the following information? I want to be sure I have the correct information and spelling for each:

Center director name: _____

Physical and mailing addresses: _____

Phone numbers: _____

Email addresses: _____

- What days of the week do you operate the children's classrooms? Is it five days a week, four, or some other schedule?
- What is the period your center is operational?

IDENTIFY ONSITE COORDINATOR

We will be working with an onsite coordinator from each center — someone you designate — to help us with our preparations. This person will be responsible for . . .

- Working with a field enrollment specialist regarding eligible classrooms and children to be sampled for the study,

- Helping us to obtain parental consent and tracking consent forms,
- Helping coordinate the visit to each center, and
- Scheduling parent interviews and child assessments.

The OSC will receive a \$200 check as an honorarium following the completion of study activities at the center as a token of our appreciation for helping us.

Do you know who you would like this person [these people] to be or do you want to think about it? I can call you at another time to discuss this if you are not sure. **[ENTER THIS PERSON'S NAME AND CONTACT INFORMATION (INCLUDING ADDRESS, PHONE AND EMAIL) INTO THE MSHS DATABASE.]**

With your permission, I would like to contact this person to explain our MSHS Study procedures and our expectations of the onsite coordinator. **[GET THE OSC'S NAME AND CONTACT INFORMATION, BUT WAIT FOR PERMISSION TO CONTACT THEM]**

It is important that we establish a good working partnership with the onsite coordinator as he or she is the person we will work with to ensure that we develop a plan for study activities that conforms to your local requirements and minimizes the burden on your program. We will work with the onsite coordinator to develop that plan, and we will send you a copy of the plan after it is drafted. The plan will include:

- A schedule for the preliminary visit to the program by the field enrollment specialist for selecting the sample of classrooms and children,
- The procedures for obtaining parental consent,
- A schedule for the week of study activities, and
- Arrangements for parent interviews and child assessments.

GRANTEE/DELEGATE AGENCY, CENTER, CLASSROOM, AND CHILD/FAMILY SELECTION

Finally, I want to explain how we selected the centers and will choose the classrooms and children/families who will be asked to participate in the study.

- **Grantee/delegate agency and center selection.** After randomly selecting 24 grantee/delegate agencies, approximately 53 centers were randomly selected to participate in the onsite data collection activities for MSHS Study. There are about four centers selected from each of the grantee/delegate agencies. The following centers were

randomly selected from your grantee/delegate agency to participate in the MSHS Study:
[LIST CENTER NAMES HERE].

- o CENTER 1
 - o CENTER 2
 - o CENTER 3
- **Classroom selection.** After confirming the number of classrooms in each center with the OSC, we will randomly select approximately three classrooms in each center. A member of the MSHS Study team will contact each onsite coordinator by phone to establish a site-visit protocol (logistics) for the study activities.
 - **Child/Family selection.** After verifying classroom rosters with the onsite coordinator, we will randomly select infant, toddler, and preschool children from those classrooms. We will select approximately eight children per classroom and will invite these children and their families to participate.

NEXT STEPS

- Is a security clearance, such as CORI or SORI required for our data collectors to be able to collect data from children in your center? What about proof of a negative TB test? [REFER TO WHAT THE PROGRAM DIRECTOR SAID ABOUT THESE REQUIREMENTS FIRST AND ASK TO CONFIRM THAT INFORMATION IF PROVIDED.]
 - o What is the process for getting clearance? [ASK ABOUT WHERE TO GET IT LENGTH OF TIME IT TAKES FOR APPROVAL, AND COST].
- With your permission, we would like to contact the onsite coordinator you have identified with detailed information about the study. We will arrange a time to discuss the study and the responsibilities of an OSC. It would be helpful if that could be accomplished soon.
- In case I need to follow up with you for any reason, what is the easiest way to contact you —by phone or email? [CONFIRM THAT THIS PERSON IS THE ONE WHO SHOULD BE YOUR REGULAR CONTACT AT THE CENTER LEVEL].
- Do you have any questions at this point? If questions or concerns come up, please feel free to contact me at [PHONE or E-MAIL ADDRESS].

Thank you for participating in this important study. We appreciate your cooperation and we look forward to working with your center.