HEAD START FAMILY AND CHILD EXPERIENCES SURVEY

Telephone script for program directors (PREVIOUSLY APPROVED, REVISED SPRING 2017)

INTRODUCTION

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am calling from [Mathematica Policy Research/Juarez and Associates] to talk about your program’s participation in the Head Start Family and Child Experiences Survey 2014-2018, which we refer to as FACES. I am calling about [PROGRAM NAME], which is GRANTEE NUMBER [#] and DELEGATE NUMBER [#]. We recently sent you a letter informing you that your program was selected to be part of a research project 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. Lizabeth Malone? And have you had a chance to go over them? [HAVE LETTER AVAILABLE TO PROVIDE INFORMATION IF PERSON IS NOT FAMILIAR WITH THE STUDY. IF CALLING FROM JUAREZ, EXPLAIN MATHEMATICA’S ROLE IN THE STUDY.]

Is this a good time to talk? I would like to answer any questions you have about FACES and discuss the logistics of the study with you. I would also like to speak with you about your identifying an on-site coordinator for your program. That person will work with the FACES project team to plan the visits to the centers in your program. I would also like to explain more, about how centers and classrooms 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, 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 0970-0151 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 some of the activities that will take place when we visit Head Start centers in your program. Please stop me at any time if you have questions.

* The purpose of FACES is to provide descriptive information about the characteristics, experiences, and outcomes of children and families served by Head Start and to observe the relationships among family and program characteristics, classroom quality, and school readiness.

The information that comes from FACES will be used to identify strategies to improve the effectiveness of Head Start programs. Mathematica will not judge or report on the performance of individual programs, staff, or children.

If you agree to participate, the FACES study team will visit your program in spring of 2017.

We will conduct classroom observations in selected classrooms.

We will invite you, the center directors, and teachers of the selected classrooms to complete surveys.

Now, moving on to three other important points.

**First, all information will be kept private to the extent permitted by law.** All information collected during the course of FACES will be kept private to the extent permitted by law and will not be shared with anyone outside the research team, including your program staff or parents. Programs and Head Start staff 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, Mathematica hiring policy requires all newly hired and rehired field staff to pass a background check. Mathematica has selected Sterling Testing Systems to conduct the background checks, which include a Social Security trace, criminal conviction search, sex offender database search, and a Department of Motor Vehicles report. For more information on Sterling Testing Systems, visit its website http://www.sterlingtesting.com/.

**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 180 Head Start programs.

Do you have any questions so far?

Next, I want to confirm and collect some basic information about your Head Start program. [CONFIRM AND/OR UPDATE THE FOLLOWING INTO THE FACES 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: (program director name, physical and mailing addresses, phone numbers, fax numbers, email addresses)
* PROGRAM OPTION: Is your program center-based, home-based, a combination, or is it locally designed?
* If center-based: How many centers do you have? Can you give me the name of each Head Start center in your program as well as the address and/or zip code of each? How many classrooms are in each center? [IF THIS IS A LARGE PROGRAM, ASK IF THEY CAN EMAIL OR FAX YOU THE INFORMATION. FOR NOW YOU CAN COLLECT JUST CENTER NAME AND ZIP CODE].
* Can you give me an estimate of the number of children enrolled at each Head Start center this fall? [ACKNOWLEDGE THAT THIS MAY BE VERY PRELIMINARY].
* What is the estimated percent of dual language learners in each center?
* What days of the week do you operate the children’s classrooms? Is it five days a week, four, or some other schedule? Does it vary by center? [SOME PROGRAMS DO NOT HAVE CLASSES ON MONDAYS OR FRIDAYS].

When does your program start and end?

Identify On-Site Coordinator

We will be working with the on-site coordinator from your program to help us with our preparations. This can be one person or two, depending on your preference. This person will be responsible for. . .

* Working with a field enrollment specialist to identify eligible classrooms to be sampled for the study
* Helping coordinate the visit to each center, and

Scheduling the classroom observations

We have budgeted for a $250 check per program for the spring round of data collection for this person’s help. If there are two coordinators, each will receive a $125 check.

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 INTO THE FACES DATABASE. BE SURE TO HAVE A CONTACT PERSON OTHER THAN THE OSC JUST IN CASE!]

With your permission, I would like to contact this person to discuss our FACES procedures and what is expected of the person who fills this role. [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 on-site coordinator as he or she is the person we will work with to ensure that we develop a data collection plan that conforms to your local requirements and minimizes the burden on your program. I will work with the coordinator to develop the plan, and we will send you a copy once 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

A schedule for the data collection week

CENTER AND CLASSROOM SELECTION

Finally, I would like to explain to you the way that we will choose the centers and classrooms that will be asked to participate in the study.

* **Center selection.** Typically, two centers will be randomly selected for participation in FACES. If a program has only two centers, both will be included in the study.

**Classroom selection.** Two classrooms will be randomly selected in each center. If a center has only one or two classrooms, we will include all classrooms. A Mathematica field enrollment specialist (FES) will visit your program at the start of the data collection period. The FES visit will last one half day.

NEXT STEPS

* Once you have established who the on-site coordinator will be, I would like to send that person, with your permission, detailed information about the study and arrange a time to discuss his or her coordination responsibilities. 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].

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 I look forward to working with your program.