

ATTACHMENT 1

ECE SETTING ELIGIBILITY SCREENER

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## A STUDY OF WE GROW TOGETHER: THE Q-CCIIT PROFESSIONAL DEVELOPMENT SYSTEM

### ECE SETTING ELIGIBILITY SCREENER

Goals of the call:

1. Introduce yourself
2. Describe purpose of the study
3. Confirm eligibility
4. Describe what the study will entail
5. Collect contact information
6. Describe next steps

*Interviewer Instructions: This is a semi-structured recruitment script, meaning you should feel free to probe as needed to gather the information about eligibility and willingness to participate. Be sure to answer any questions that the person may have about the project.*

Introduction

Hello, my name is \_\_\_\_\_. I am calling from Mathematica Policy Research about a project we are completing for the Administration for Children and Families of the U.S. Department of Health and Human Services.

May I please speak with [SETTING DIRECTOR NAME]?

I am calling you about the opportunity to be part of an important study testing new professional development resources designed to improve the quality of infant and toddler care. The professional development system we are testing is called “We Grow Together: The Q-CCIIT Professional Development System.”

We are developing research-based resources that are designed to support early childhood caregivers (specifically, teachers of infants and toddlers in center-based care or in family child care homes).

(We received your name from [SOURCE].)

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-XXXX and the expiration date is XX/XX/XXXX. The time required to complete this collection of information is estimated to average 15 minutes, including the time to review instructions, search existing data resources, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, D.C., Attention: Tim Bruursema, and reference the OMB Control Number 0970-XXXX.

[IF SOURCE IS A RECRUITED PROFESSIONAL DEVELOPMENT PROVIDERS: We spoke with [PROFESSIONAL DEVELOPMENT PROVIDER NAME] about We Grow Together, and they are interested in participating in the study. When we asked them about which child care providers might be a good fit for this study, they suggested we reach out to you.]

We sent a letter or email to inform you about the study. Did you receive that information?

HAVE ADVANCE LETTER AVAILABLE TO PROVIDE INFORMATION IF PERSON IS NOT FAMILIAR WITH THE STUDY

I would like to review the purpose of the study and discuss what participation would involve. The conversation should take about 15 minutes.

**If they say it is NOT a good time:** I understand you are busy. What is the best time to contact you to discuss the study? *Write down date and time to contact them and get their address/email if they would like us to send out the advance letter again. Thank them for their time. Put the appointment in your calendar.*

STUDY PURPOSE

Thank you very much for speaking with me. Our team has created professional development resources to support the people who care for children between birth and age three. This study will help us to improve the system we've developed support teachers and caregivers in serving infants and toddlers.

We would like to invite an infant-toddler caregiver from your [IF KNOWN, NAME] (center or FCC) and their current professional development (PD) provider [IF KNOWN, NAME] to use the We Grow Together resources during the 2018/2019 program year.

[IF PD PROVIDER IS UNCLEAR TO RESPONDENT: A professional development or PD provider might be a coach, technical assistance provider, mentor, infant mental health specialist, or education coordinator]

[IF CAREGIVER UNCLEAR TO RESPONDENT: By caregiver, I mean a teacher of infants or toddlers in a center based classroom or family child care home.]

The PD resources focus on how to support child development in different areas. There are other components of the study, but before I go into those, I have a few questions to ask you to determine whether your setting meets the study's criteria to participate.

Before I start, I want to make it clear that participation is voluntary and any information you share will be kept private to the extent permitted by law. No one from your program will see or hear your individual responses and your name will never be associated with or identified in study reports. The information we get will be used for research and educational purposes to make We Grow Together better.

Please know that your participation is voluntary and choosing not to respond to these questions will have no bearing on your access to the We Grow Together resources. You do not have to

answer questions you do not wish to answer, and none of the responses you provide will be reported back to the program staff.

#### STUDY ELIGIBILITY

1. Can you please tell me how many classrooms at your setting regularly serve children between birth and 36 months of age?

**RECORD # OF CLASSROOMS \_\_\_\_\_**

**IF NOT ELIGIBLE [HAS 0 CLASSROOMS THAT SERVE CHILDREN FROM BIRTH TO 36 MONTHS]:** I'm sorry, but based on this information, your setting does not meet all the requirements to participate in our study at this time. We are currently seeking settings that serve children from birth to 36-months. Thank you very much for talking with me. Hopefully, we will have the opportunity to work with you again in the future. [END CALL]

**IF ELIGIBLE, GO TO 2.**

2. At this time, We Grow Together materials are only available in English. Is there at least one caregiver in an infant or toddler classroom who you think would feel comfortable participating in We Grow Together when the materials are written in English and the presentations and videos are only narrated in English?

**RECORD YES OR NO \_\_\_\_\_**

**IF NOT ELIGIBLE [CAREGIVERS NOT COMFORTABLE IN ENGLISH]:** I'm sorry, but based on this, your setting does not meet all the requirements to participate in this study at this time. Because we are testing out materials, we have not translated them to other languages yet. Thank you very much for talking with me. Hopefully, we will have the opportunity to work with you again in the future. [END CALL]

**IF ELIGIBLE, GO TO 3.**

3. Do any of these caregivers work one-on-one with a PD provider on at least a monthly basis (for example, meeting monthly, every other week, or more frequently)? PD providers might have many different titles such as education directors, mentors, coaches, master teachers, specialists from technical assistance networks or centers. PD providers could be employed within your program or employed by an outside entity. The main criterion is that the PD provider meets with the caregiver at least once a month to discuss individual needs.

**IF NOT ELIGIBLE [DOESN'T HAVE A REGULAR PROFESSIONAL DEVELOPMENT PROVIDERS]:** I'm sorry, but based on this information, your setting does not meet all the requirements to participate in this study. We are currently seeking caregivers that work regularly with PD providers to discuss individual needs. Thank you very much for talking with me. Hopefully, we will have the opportunity to work with you again in the future. [END CALL]

**IF ELIGIBLE, GO TO 4.**

4. For our records, are you an Early Head Start program or affiliated in some way with Head Start?

**RECORD YES OR NO** \_\_\_\_\_

**IF YES, MARK:**

**EHS** \_\_\_\_\_

**EHS-CCP** \_\_\_\_\_

**OTHER (SPECIFY)** \_\_\_\_\_

**PROCEED TO STUDY DESCRIPTION**

## STUDY DESCRIPTION

Thank you. Based on the information you've shared, it sounds like We Grow Together might fit with your setting. I'd like to tell you a little more about this project. Under a contract with the Administration for Children and Families, we developed a set of resources for PD providers and caregivers working with infants and toddlers to use together. These materials are available on a website and they include videos, handouts, and exercises on different topics, such as supporting children's language development. If a PD provider and a caregiver from your setting agree to participate,

- We will ask the PD providers to support caregivers in using We Grow Together for approximately five months. We expect that caregivers will spend between one and two hours per week reviewing materials and using the tools in their classroom. All the materials are available online. We will provide caregivers with an iPad mini, a tripod, and a case to use during the study to access the website and to video-record themselves using practices that are featured in We Grow Together.
- To help the PD providers learn how to best support caregivers in using We Grow Together, we will ask PD providers to participate in approximately 12 hours of training over four weeks in fall 2018. The training is online and can be done at the PD provider's convenience.
- To help determine which areas caregivers will focus on when using We Grow Together and to help us improve how We Grow Together supports caregivers in their interactions with infants and toddlers, we will conduct two observations in caregivers' classrooms, one in fall 2018 and one in spring 2019. On the day of the observation, caregivers will also be asked to fill out a five-minute classroom roster.
- Lastly, we will ask the PD providers and caregivers to each complete two online surveys, one in fall 2018 and one in spring 2019.

The information we collect is private to the extent permitted by law and will only be used for research and educational purposes. No names or any identifying information will be released.

Now that I've described the main activities of the study, do you have any questions about the study?

In choosing caregivers to participate in this study, we are looking for:

- A lead caregiver in an infant or toddler classroom
- Someone who is likely to be in an infant or toddler room for the time of the Q-CCIIT professional development which is November 2018 through April 2019 (for example, there are no plans to move up with the children going to a preschool or a planned extended leave)
- We need someone likely to commit to a professional development program
- And importantly, this caregiver needs to already be assigned to work with a consistent professional development provider who we would also invite to participate
- As a reminder, this person should also be comfortable with the materials being written in English.
- [IF ASKED IF CG SHOULD BE NEW OR EXPERIENCED - we plan to include caregivers with a range of experience in the study. Please recommend whoever you think meets our criteria RE-READ BULLET POINTS]

Do you think one of your local PD providers and at least one of your caregivers would be a good fit for the study?

IF YES, COLLECT NAMES AND CONTACT INFO. IF CENTER DIRECTOR SAYS S/HE NEEDS TIME TO THINK ABOUT IT, SCHEDULE A TIME TO CALL BACK.

COLLECT CONTACT INFO

**5A Great, can you please provide me with the names and contact information of the caregiver(s)?** [COLLECT INFO FOR MULTIPLE CAREGIVERS IF THEY PROVIDE IT]:

CAREGIVER 1

Caregiver name: \_\_\_\_\_

Title: \_\_\_\_\_

Email (s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Infant or toddler or mixed class?: \_\_\_\_\_

Center or FCC?: \_\_\_\_\_

Years working as an infant/toddler caregiver?: \_\_\_\_\_

CAREGIVER 2

Caregiver name: \_\_\_\_\_

Title: \_\_\_\_\_

Email (s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Infant or toddler or mixed class?: \_\_\_\_\_

Center or FCC?: \_\_\_\_\_

Years working as an infant/toddler caregiver?: \_\_\_\_\_

CAREGIVER 3

Caregiver name: \_\_\_\_\_

Title: \_\_\_\_\_

Email (s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Infant or toddler or mixed class?: \_\_\_\_\_

Center or FCC?: \_\_\_\_\_

Years working as an infant/toddler caregiver?: \_\_\_\_\_

**5B Is there anyone else we should contact or to whom we should send information before reaching out to the caregiver? IF SO, COLLECT INFO:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Organization/Employer name: \_\_\_\_\_

**5C IF YOU DON'T ALREADY HAVE THE PD PROVIDER'S CONTACT INFO, PLEASE COLLECT IT**

**Can you please provide me with the contact information for the PD provider?**

Professional development provider name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Organization/Employer name: \_\_\_\_\_

**5D. Can I please confirm your contact info? [CONFIRM IF ALREADY KNOWN; PROBE IF UNKNOWN]**

Name: \_\_\_\_\_



Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Years working with infant/toddler caregivers?: \_\_\_\_\_

6. Finally, to make it easier for you to coordinate with us throughout the study, could you designate a site contact for your program? (This person can be you, if you want). We will need this person's help with:

- scheduling dates for classroom observations, and
- getting in touch with caregivers if we have trouble reaching them about study activities.

**For helping with these important tasks, we plan to provide this person with a \$25 gift card. Who would you designate for this role?**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Best means of communication? \_\_\_\_\_

#### NEXT STEPS

After we have spoken with the PD provider and the caregiver(s) and confirmed that they'll participate, we will send each one a consent form and we will contact them about next steps. Thank you so much for your willingness to participate in this study!