

INSTRUMENT 2

ENGAGEMENT CALL SCRIPT FOR CENTERS

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CENTER DIRECTOR CALL SCRIPT FOR CENTER ENGAGEMENT

Goals of the call:

- A. Introduce yourself
- B. Describe the purpose of the study
- C. Provide an overview of the study activities and invite director to participate
- D. If director agrees to participate, collect additional information about the center
- E. Summarize next steps

A. INTRODUCTION

Hello Mr./Ms. [CENTER DIRECTOR'S LAST NAME], my name is [RECRUITER'S NAME] and I am calling from Mathematica about your center's participation in an early care and education study for the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services. The last time we spoke, we scheduled this follow-up call to collect some basic information about your center for the "Assessing the Implementation and Cost of High Quality Early Care and Education," study.

As a reminder, 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 number for this information collection is 0970-0499 and the expiration date is X/XX/XXXX. This call should take about 30 minutes.

Is now still a good time to talk?

[IF NOT A GOOD TIME TO TALK, MAKE AN APPOINTMENT TO CALL BACK]

A. QUESTIONS FOR CENTER DIRECTOR

I would like to start by collecting some basic information about your center and the names and contact information of people in various positions who would help in the data collection.

- [CONFIRM CONTACT INFORMATION]: Please confirm the following information about your center:
 - o [CENTER NAME, PHYSICAL ADDRESS, MAILING ADDRESS, PHONE NUMBER]
 - o [CENTER DIRECTOR NAME, EMAIL ADDRESS, PHONE NUMBER, AND CONFIRM THAT THE CENTER DIRECTOR WILL BE MAIN CONTACT. IF NOT, REQUEST INFORMATION FOR MAIN CONTACT.]
 - o What is the name, title, and contact information for the person in charge of maintaining the financial records of the center, and who is most knowledgeable about center finances?
 - [COLLECT NAME, PHONE NUMBER AND EMAIL ADDRESS FOR COST CONTACT]

- o What is the name, title, and contact information for the person who oversees the educational program at your center?
 - [COLLECT NAME, PHONE NUMBER AND EMAIL ADDRESS FOR EDUCATIONAL PROGRAMMING CONTACT]
- [COLLECT CENTER CHARACTERISTICS]: Now, I would like to confirm some additional information about your center.
 - o How long has the center been in operation?
 - o Can you confirm the center currently participates in [QUALITY RATING SYSTEM]?
 - [IF YES]: Can you confirm the center's current rating?
 - [IF RATING IS DIFFERENT THAN OUR RECORDS PROBE FOR DATE WHEN THE RATING CHANGED]
 - How long has your center had its current rating?
 - o Is your center accredited by the National Association for the Education of Young Children (NAEYC) or by another accrediting entity?
 - [IF BY ANOTHER ACCREDITING BODY, COLLECT NAME OF ENTITY]
 - o What are the ages of children served at the center?
 - o What is the center's licensed capacity (or total capacity if license-exempt)?
 - o How many classrooms serving children ages 0-5 does the center have?
 - How many of those classrooms serve children under 18 months?
 - How many of those classrooms serve children between 18 to less than 36 months?
 - How many of those classrooms serve children between ages 3 to 5 years ?
 - o What days of the week does the center operate?
 - o What time does the center's program start and end each day?
 - Are the hours the same every day or does it vary? *[Specify hours per day if it varies]*
 - [IF HOURS GIVEN ARE ONLY PART-DAY SUCH AS ONLY MORNING HOURS (BEFORE NOON) OR ONLY AFTERNOON HOURS (SUCH AS NOON TO 3)]: Does your center operate just a part-day program?
 - [IF YES]: At this time we are unable to include centers that are open only part-day in this study. We will be in touch if that changes. Thanks very much for your time and interest in participating!
 - [IF HOURS GIVEN ARE ONLY BEFORE AND AFTER SCHOOL HOURS]: Does your center solely operate a before/after school program?
 - [IF YES]: At this time we are unable to include centers that are only before/after school programs in this study. We will be in touch if that changes. Thanks very much for your time and interest in participating!

- o What months of the year does the center serve children, for example, all 12 months or following the school year schedule?
 - [IF SCHOOL YEAR SCHEDULE] When does the spring term or program end? When does the fall term or program begin?
 - [IF ALL 12 MONTHS] Is there a time when you consider the spring term or program over and you transition into a summer program? [IF YES] When is that? Similarly, is there a time when you consider the fall term or program to officially begin? [IF YES] When is that?
- o Is the center for-profit or not-for-profit?
- o Is the center part of a multi-site organization? *[Multi-site means that the center is part of a group of centers in other physical locations that are all owned/operated by the same entity.]*
 - [IF YES]: How many other centers are part of the organization? *[PROBE: FEWER THAN 10, 10 TO 39, OR 40 OR MORE]*
- o Is the center part of a larger organization? *[Part of a larger organization means the center is part of and shares resources/staff with a larger organization, such as a YMCA, university, or other social service agency.]*
- o [SKIP THIS INTRO QUESTION IF THIS IS A KNOWN HEAD START PROGRAM AND JUST ASK FOLLOW-UP BELOW] Are any of the children enrolled at your center supported by Head Start funds?
 - Approximately what percentage of children in the center are supported by Head Start? *[Probe: More than 50%?]*
- o Are any of the children enrolled at your center supported by state PreK funding?
 - Approximately what percentage of children in the center are supported by state PreK funds? *[Probe: More than 50%?]*
- o Does the center serve children who are supported by subsidies for child care, such as through [STATE SUBSIDY PROGRAM]?
 - Approximately what percentage of children in the center receive subsidies to pay for their care? *[Probe: More than 50%?]*
- o Are any of the children at your center supported by any combination of the following sources: [STATE SUBSIDY PROGRAM], Head Start, or state preK?
 - Approximately what percentage of children are supported by a combination of these sources?
- o Are any of the children at your center supported by other types of public funding? If so, what kind?
 - Approximately what percentage of children are supported by other types of public funding?
- o What percentage of children are paid for in full through tuition paid by their parents or guardians, without any public funding?

- Have there been any major changes to the center’s operations in the last two years? *[Examples: added classrooms, adapted a new curriculum]*

B. NEXT STEPS

- Next we will conduct an interview by phone that will include questions about 1) center resources and staffing, 2) child and family support, 3) instructional planning, coordination, and child assessment, 4) instruction and caregiving, 5) workforce development, leadership activities, and program planning, and 6) center administration.
 - o **[IF CENTER DIRECTOR IS THE PERSON WE NEED FOR THE IMPLEMENTATION INTERVIEW]**
We would like to schedule two 90-minute phone interviews in the next week. What day would work best for the first call? What day would you prefer the second call to be scheduled? **[SCHEDULE BOTH INTERVIEW TIMES. THEN SAY:]** Depending on the size and nature of the services you provide, it may take a bit longer.
 - o **[IF CENTER DIRECTOR IS NOT MAIN CONTACT OR CENTER DIRECTOR AND ANOTHER STAFF MEMBER SHOULD ALSO BE ON IMPLEMENTATION INTERVIEW, ASK IF YOU COULD SCHEDULE THE INTERVIEW NOW, BUT YOU MIGHT HAVE TO SCHEDULE IT VIA EMAIL TO INCLUDE ALL PARTIES.]**
- Do you have any questions at this point? If questions or concerns come up, please feel free to contact me at **[MPR RECRUITER PHONE]** or by email at **[MPR RECRUITER EMAIL]**.

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