

INSTRUMENT 2B

ENGAGEMENT CALL SCRIPT FOR CENTERS THAT HAVE NOT PARTICIPATED IN THE  
STUDY BEFORE

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## CENTER DIRECTOR CALL SCRIPT FOR CENTER ENGAGEMENT

Goals of the call:

- A. Collect center characteristics
- B. Understand center operations during COVID-19
- C. Summarize next steps

[INTERVIEWER INSTRUCTIONS ARE IN BRACKETS WITH BLUE FONT.]

### A. INTRODUCTION

Hello Mr./Ms. [CENTER DIRECTOR'S LAST NAME], this is [RECRUITER'S NAME] and I am calling from Mathematica about your center's participation the Assessing the Implementation and Cost of High Quality Early Care and Education study. The last time we spoke, we scheduled this follow-up call to collect some basic information about your center for the 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 11/30/2022. 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 confirming and 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, TITLE, 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, TITLE, PHONE NUMBER, AND EMAIL ADDRESS FOR IMPLEMENTATION CONTACT]

Now I'd like to understand your current operations as a result of the COVID-19 pandemic.

- How long has your center been in operation?
- Did your center ever entirely close due to the COVID-19 pandemic. [IF YES:]  
When and for how long?
- (S1) Is your center currently operating?
  - [IF YES:] How long has it been operating?
  - [IF YES:] Is your center currently serving any children in-person?
    - [IF YES:] How long has it been serving children in-person? [IF RESPONSE IS NOT A CLEAR YES, ASK FOR EXPLANATION. NOTE THAT SOME VIRTUAL INSTRUCTION IS ACCEPTABLE AS LONG AS THE CENTER IS ALSO SERVING SOME CHILDREN IN PERSON.]
    - [IF YES:] What proportion of children currently enrolled are receiving in-person services?
  - [IF YES:] Is your center currently serving any children through virtual or remote services?
    - [IF YES:] How long has it been serving children through virtual or remote services?
    - [IF YES:] What proportion of children currently enrolled are receiving virtual or remote services?
    - [IF YES:] What proportion of children currently enrolled are only receiving virtual or remote services?
- (S2) Has your center served children in-person for at least three consecutive months at any time since September 2020? [IF RESPONSE IS NOT A CLEAR YES, ASK FOR EXPLANATION. NOTE THAT SOME VIRTUAL INSTRUCTION IS ACCEPTABLE AS LONG AS THE CENTER IS ALSO SERVING SOME CHILDREN IN PERSON.]
- [IF CENTER ANSWERED NO TO S1 OR S2:] To be able to understand the impact of the COVID-19 pandemic on center operations, we can only include centers in this study that have been open for three consecutive months at any time during the pandemic and serving children in-person in the last month. We will be in touch if that changes. Thank you for your time. [END CALL.]
- Would you say your center has resumed operations at a level similar to what it was before the COVID-19 pandemic? How so?
  - [IF NO:] Are you working toward resuming operations at a level similar to what it was before the pandemic?
    - [IF YES:] When do you think you might be back at that level?
    - [IF NO:] Are you at a level now that you are planning to maintain for the foreseeable future?
- [COLLECT CENTER CHARACTERISTICS]: Next, I would like to ask you about your center. Does your center currently participate in [QUALITY RATING SYSTEM]?

- [IF YES:] Can you confirm the center's current rating?
- How long has your center had its current rating?
- o Is your center currently 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 What is the center's current enrollment?
- o Is the level of enrollment at the center similar to what it was before the COVID-19 pandemic? [IF NO:] How so? Is it lower or higher than before?
- o How many classrooms serving children ages 0-5 does the center have?
- o Are the ages of children served and classroom composition similar to what it was before the COVID-19 pandemic? [IF NO:] How so?
- 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 Are the days and hours of operation similar to what they were before the COVID-19 pandemic? [IF NO:] How so?
- o Is the center for-profit or not-for-profit?
- o Is the center part of a multi-site organization? *[PROBE: 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? [*PROBE: 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?

## 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 [\[RECRUITER PHONE\]](#) or by email at [RECRUITER EMAIL](#)].

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