

Instrument 1

Community organization onboarding call

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INSTRUCTIONS: THIS IS A SET OF SEMI-STRUCTURED QUESTIONS AND TALKING POINTS. PROBE AS NEEDED ABOUT WILLINGNESS TO PARTNER WITH US. BE SURE TO ANSWER ANY QUESTIONS THAT THE PERSON MAY HAVE ABOUT THE STUDY.

BEFORE THE CALL, REVIEW COMMUNITY BASED ORGANIZATION'S (CBO'S) WEBSITE TO FAMILIARIZE YOURSELF WITH THEIR ORGANIZATION.

Community organization follow-up call talking points

Introductory Remarks

- **INTRODUCTION.** Thank you for meeting to discuss the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC) Study.
 - Talking with me on this call is completely up to you and voluntary, and we will keep your responses private. This call should take about 30 minutes.
 - Because this is a federally funded study, I want to tell you that 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 collection is XXXX-XXXX and the expiration date is XX/XX/20XX.
- **PURPOSE.** DISCUSS WHY EXCITED ABOUT TOOLKIT/BUILD RAPPORT.
 - Most existing measures used in home-based child care, or HBCC, settings were **originally made for center-based child care providers and teachers** and focus on young children.
 - The HBCC-NSAC Toolkit provider questionnaire is different because its primary purpose is to help home-based providers, who regularly care for at least one school-age child, **identify and reflect on their caregiving strengths and areas of growth.**
 - Providers can use this toolkit on their own or with another person (such as a mentor, coach, or peer). It's made specifically with home-based providers in mind, and we want to make sure it works for them, so we're asking providers to try it out.
 - Since this is a new toolkit, **it is important that we try it out with many home-based providers and also get input from families with children in HBCC.** The lessons we learn from providers and families will help us understand whether the HBCC-NSAC Toolkit provider questionnaire provides meaningful information about home-based provider's practices and how it compares to other available HBCC measures. Our hope is to make this toolkit available more widely in the future.
- **CALL STRUCTURE.** DESCRIBE STRUCTURE OF CALL.
 - Discuss the kinds of providers who are eligible to participate in this study
 - Talk about the kinds of providers you engage with
 - Talk about what we're asking for help with from your organization

- o Talk about next steps
- **QUESTIONS?** Do you have any questions for me before we get started?

Eligibility Criteria and CBO's Home-based Providers

- **HOME-BASED PROVIDERS.** To start, I would like to share our eligibility criteria and learn more about the home-based providers you engage with.
- For the study, we are interested in recruiting home-based providers who:
 - Are at least **18 years old**
 - Regularly care **for at least one** school-age child (age 5 and in kindergarten, or ages 6 through 12) **who is not their own** in a home for **at least 10 hours per week and at least 8 weeks in the past year.**
 - Are comfortable reading and writing in **English** (for this study, we are only testing the English version of the provider questionnaire)
- **CONFIRM:** Does your organization work with home-based providers who match these criteria?
 - **NO:** Thank you for confirming. Unfortunately, we can only include providers who meet these criteria in our study. Do you work with other organizations who you think might serve eligible providers? Thanks again for your time – have a great day! **END CALL.**
 - **YES:** Excellent! Thank you for confirming. **CONTINUE CALL.**
- **CONFIRM:** We would also like to get input on the toolkit from a diverse group of home-based providers (and the families they care for). To help us do that, we'd like to learn more about your organization and the types of home-based providers you work with.
 - Approximately **how many** home-based providers does your organization work with or support?
 - Do you work with...
 - **Family child care providers** who are licensed or regulated by your state?
 - **Family, friend, or neighbor providers** who are unlicensed or legally exempt from state licensing or other state regulations?
 - **Providers who live in rural, urban, or suburban areas?**
 - **RURAL DEFINITION:** People who live in rural areas need to drive farther to get to airports compared to urban or suburban areas. There is also more land than houses in the areas.
- **CONFIRM:** Would you say that you have enough of a presence in rural areas to be able to refer rural providers to the study?
 - Do you predominantly work with providers from specific racial or ethnic groups? For example, Black, White, Hispanic or Latino, and Asian or Pacific Islander).
 - Do you have staff who work directly with **home-based providers?** For example, home visitors, family advocates, social workers, or other staff.
- **NUMBER OF PROVIDERS.** Great! Thank you for confirming. Now, based on the criteria I shared (RESTATE CRITERIA), do you have a sense as to how many providers at your

organization might be eligible to participate?

- o **IF ASKED FOR OUR TARGET:** We are aiming to recruit **a couple hundred** providers across **about 10** states. We welcome as many names as you can share with us. Someone from our recruitment team will reach out to each provider to assess eligibility. Do you have a sense as to how many providers at your organization might be eligible to participate?
 - Great--thank you for confirming that information for me! We are hoping to recruit [TARGET NUMBER] providers from your organization. However, if you don't have that many or if you want to refer more, we'll take as many names as you are able to give us, though we may not accept all providers into the study that you recommend to us.
- **CONFIRM:** Is your organization able to share provider names and contact information with us?

Provider Communications

- **COMMUNICATIONS.** Next, I'd like to learn a bit more about how your organization communicates with providers.
 - o What do your organization's communications with home-based providers look like? How often are you in touch with them? Do you have existing communication channels in place (e.g., recurring meetings, listservs, newsletters, email blasts, etc.)?
- **CONFIRM:** When the study team reaches out to providers you identify, is it ok to say that we received their contact information from you or your organization?

CBO's Role

- **CBO ROLE.** Next, I want to talk about how your organization can help identify providers who might participate and give you details about the study.
 - o **TWO OPTIONS.** There are two ways your organization may help – you can designate a:
 - **Full site coordinator**
 - **OR a Partial site coordinator**
- **FULL SITE COORDINATOR.**
 - o The full site coordinator would help us:
 - **Recruit providers** affiliated with your organization. This would entail **sharing our flyer with providers** and **sending us contact information** for providers who may be eligible or express interest in the study and agree to have their contact information shared.
 - We would also ask the full site coordinator about any meetings or events (in-person or virtual) where someone from your organization or the study team could share information about the toolkit study.
 - For example, an event where someone from the organization could

distribute flyers and paper versions of the toolkit, and/or collect contact information from home-based providers at the event who are interested in participating.

- o **Follow-up with eligible providers** who might be interested in participating or who agree to participate.
 - For example, in cases when providers do not answer the study team's calls or do not complete the toolkit on time, the site coordinator may encourage the provider to answer the study team's calls, ask if they are having problems completing the toolkit on time, or give reminders of the deadline.
 - The study team would reach out to you to let you know who to follow-up with and share text that you could use to contact those providers.
- o If the full site coordinator role works, we will offer a \$250 honorarium to your organization.
- **PARTIAL SITE COORDINATOR.**
 - o The partial site coordinator would help us:
 - **Share our study materials, identify home-based providers, and send us contact information** for providers who may be eligible or express interest in the study and agree to have their contact information shared.
 - The partial site coordinator would not do active follow-up.
 - o If the partial site coordinator role works, we will offer a \$100 honorarium to your organization.
- **CONFIRM:** Given your capacity, what role do you think seems right for your organization to assist?

BASED ON REACTION/RESPONSE TO FULL OR PARTIAL:

- **CONFIRM: Great! To confirm, your organization is** willing and able to **designate a [full/partial] site coordinator** to help recruit providers to participate in the study [FULL SITE COORDINATOR: and follow up with them as needed].
- Now, in connecting with home-based providers, we know that hearing from someone they trust is key to successful engagement. Do you already have someone in mind for the site coordinator role, and are they someone who has an existing relationship with providers?
 - o **YES:** Can you provide the name, professional email, and phone number for the site coordinator?
 - o If you prefer to connect us with the site coordinator via email, that is ok. For security, we just ask that you please loop them into the email rather than share their contact information with us via email.
 - o **SITE COORDINATOR NOT WELL CONNECTED WITH PROVIDERS:** I understand. Is there someone at your organization who is more closely connected with providers who might be able to help encourage providers to participate?
 - **YES:** Wonderful! In some of our outreach to providers, we mention the

organization name. Would it be possible to mention the name of this trusted contact with providers?

- **YES:** Great! What is their name and contact information? If you need to check in with them first, I can follow up about this via email.
- **NO:** No worries, we appreciate your help!
- **NEEDS TO CHECK:** No problem! I can follow up with you about this via email. I can also send along an email outlining the site coordinator duties that we discussed today if that would be helpful.

CANNOT TAKE ON SITE COORDINATOR ROLE

- **CAPACITY LIMITED:** We understand! We would still appreciate your help distributing our flyer to providers. Could you share the flyer on your [communication channel] after this call?
 - o **YES:** Great! Thank you so much. I will send you an email with the flyer. Do you need anything else from us for you to share it?
- **CANNOT PARTICIPATE:** It is helpful for us to know why you cannot participate. Can you share what is keeping you from helping to identify and recruit providers for this study?
 - o **NO:** Thank you for sharing! **END CALL.**

Next Steps

TAILOR NEXT STEPS BASED ON DISCUSSION REGARDING PROVIDER COMMUNICATIONS

Great! We're almost done, just a few more things to wrap up.

IF ORGANIZATION IS ABLE TO SHARE PROVIDER NAMES AND CONTACT INFORMATION WITH US:

- **PROVIDERS INFO.** After this call, can you share a list of home-based providers who might be interested, including their name, phone number, and email address? If available, we would also like to receive their mailing address to send study invitations and materials.
 - o **YES:** For those providers who agree to have their information shared, we can take their contact information over the phone or you can send their information electronically using a secure method called, Box. **For security reasons, please do not share any provider contact information by email.** Which do you prefer, phone or Box?
 - **Phone preferred:** Schedule a follow up call to receive information.
 - **Box preferred:** We will send instructions for how to communicate through Box, including an optional contact information spreadsheet template.
 - o **Collect email:** All I need from you now is the email address that you would like to use to access the Box site. If your organization's firewall is known to block emails from third-party websites or your email ends in ".org", we recommend you provide your personal email instead. **Which email**

address would you like to use?

Wrap Up

- SUMMARIZE NEXT STEPS, INCLUDING WHETHER TO EXPECT A SUMMARY EMAIL OR THE SITE COORDINATOR ROLES EMAIL (IF SITE COORDINATOR ROLE WAS NOT DECIDED ON CALL)
- ANSWER ANY OTHER QUESTIONS.
- THANK YOU!

TALKING POINTS RELATED TO WHAT WE ARE ASKING PROVIDERS TO DO

Provider Role (What we will ask home-based providers to do)

- **EXPLAIN STUDY.** A study team member will talk with providers for about [IF CBO IS NOT AN OBSERVATION SITE: **20 minutes**] [IF CBO IS AN OBSERVATION SITE: **25 MINUTES**] to explain their part and their families' part in the study. Home-based providers will be asked to complete the toolkit provider questionnaire. This will take THEM about: **50 MINUTES.** [IF CBO IS AN OBSERVATION SITE: We will also ask them to schedule a time when someone from our study team can observe them caring for a school-age child for about 3 to 4 hours.]

Other Key Study Details

- **WHEN (TIMING):** We plan to contact home-based providers starting in [MONTH YEAR] to describe the study and invite them to complete the provider questionnaire.
- **HOW (MODE):** The study team will send the provider questionnaire to home-based providers—they may complete it electronically, over the phone, or on paper.
 - We will provide **instructions** on how to complete the provider questionnaire and about **how much time** it will take them to complete it.
 - The study team will also **send all of the materials needed to recruit families to complete the family survey.**
- **[IF CBO IS AN OBSERVATION SITE:** We will work closely with the provider to schedule a date and time that works best for them to do the observation visit.]
- **TOKENS OF APPRECIATION.** Participating home-based providers and family members will be making important contributions to the development of the Toolkit – this will support others like them in the future.
 - In appreciation of their contributions, **home-based providers will receive a [IF CBO NOT AN OBSERVATION SITE: \$65/IS AN OBSERVATION SITE: \$70] gift card.**
 - As a thank you, **they'll also receive a \$10 gift card** for sharing the family survey with families [IF CBO IS AN OBSERVATION SITE: and a separate \$10 gift card for scheduling the observation visit].
 - **Family members** who participate will receive **\$15 in gift cards.**

Sample provider contact information template

INSTRUCTIONS: Please include the name of your organization and, if you would like, the name of someone at your organization we can reference when reaching out to providers below.

Communication organization name: _____

Community organization contact name: _____

PROVIDER INFORMATION INSTRUCTIONS: For each listed provider, include the provider's first and last name (columns A-B), phone number (column C), and email address (column D). If available, please also provide their preferred language (column E), and the provider's mailing address (columns F-J). Upload this spreadsheet to Box using the guidance in the Box guide.

A. First Name	B. Last Name	C. Phone	D. Email	E. Preferred language	F. Address 1	G. Address 2	H. City	I. State	J. Zip