

# Building and Sustaining the Child Care and Early Education Workforce

## IMPLEMENTATION STUDY

### One-on-One Home-Based Owner and Caregiver Interview

Terms used in this protocol are Colorado-specific and refer to home-based owners and caregivers as follows:

Term	Refers to...
Family child care home	The home-based child care program or home-based child care business participating in the [pilot initiative].
Family child care home provider	The individual(s) who owns the family child care; provides direct care, supervision, and education to child(ren) in care at least 60% of the daily hours of operation of the family child care home; and is legally liable for the business.
Assistant/ Assistant family child care home provider	A person other than the provider whose primary day-to-day responsibilities include taking care of children in a family child care home.

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## INTRODUCTIONS [ALL RESPONDENTS]

**Let's begin with brief introductions! Can you please share a little about yourself and [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR WORK IN FAMILY CHILD CARE HOME"]? For example:**

- How long have you worked at [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "THIS FAMILY CHILD CARE HOME"]?
- How long have you worked as a family child care home provider/assistant provider?
- What motivated you to start working with children?

**How would you describe your current role and responsibilities for [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR WORK IN FAMILY CHILD CARE"]?**

**Can you describe your daily responsibilities and activities at [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR WORK IN FAMILY CHILD CARE"]? For example:**

- Addressing licensing or Quality Rating and Improvement System (QRIS) requirements and regulations
- Handling administrative paperwork, bookkeeping, and finances
- Maintaining and providing supplies, food, and materials
- Addressing staffing needs, such as hiring, training, and supervision of family child care home assistant providers
- Working directly with children and families

### **IF RESPONDENT REPORTS HAVING DUTIES OTHER THAN WORKING DIRECTLY WITH CHILDREN AND FAMILIES, ASK:**

- What motivated you to open [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "THIS FAMILY CHILD CARE HOME"]?
- Have you employed any other family child care home providers/assistant providers at [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "THIS FAMILY CHILD CARE HOME"] since [DATE PILOT STARTED]? If so, how many family child care home providers/assistant providers do you currently employ?

**[NOTE TO INTERVIEWER: FOR REMAINDER OF INTERVIEW, USE INFORMATION TO SELECT SECTIONS OF PROTOCOLS TO STRUCTURE DISCUSSION AND TAILOR QUESTIONS FOR FAMILY CHILD CARE HOME PROVIDER/ASSISTANT PROVIDER, DEPENDING ON THE SETS OF RESPONSIBILITIES DESCRIBED ABOVE.]**

## SECTION 1: INITIAL EXPOSURE/UNDERSTANDING OF PILOT INITIATIVE [ALL RESPONDENTS]

**Colorado first announced the [PILOT INITIATIVE] in [insert date]. Thinking back to this time, can you describe how you learned about the [PILOT INITIATIVE]?**

- When did you learn about it?
- Who told you about it?

**Can you share a little about how you initially thought and felt about the [PILOT INITIATIVE]?**

**Note to interviewer:**

**The remainder of this protocol is organized according to the participant type.**

**IF RESPONDENT IS A PROVIDER WHO DID NOT COMPLETE APPLICATION, PROCEED TO SECTION 2.**

**IF RESPONDENT IS A PROVIDER WHO DID COMPLETE APPLICATION, PROCEED TO SECTION 3.**

**IF RESPONDENT IS AN ASSISTANT PROVIDER, PROCEED TO SECTION 5.**

## SECTION 2: EXPERIENCES WITH DECISION-MAKING [PROVIDERS WHO DID NOT COMPLETE THE FULL APPLICATION]

### **LOCAL CONTEXT**

**Colorado first announced the [PILOT INITIATIVE] in [INSERT DATE]. Thinking back to before the initiative started, can you describe whether [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"] was facing any business challenges?**

- Did you ever worry you might close? If so, why?
- Did you worry about having enough families enrolled?

**What are some of the other options for child care and early education offered in your community? Does your community offer...**

- State-pre-kindergarten?
- Head Start?
- Other home-based or family child care options?
- Other child care programs?

**[IF NOT CLEAR FROM RESPONSE:] What are you considering as your community?**

**Do you ever collaborate or compete with these programs? How so?**

### **DECISION-MAKING**

**Next, we would like to learn about how you decided whether to apply for the [PILOT INITIATIVE].**

**Can you share a little about why you decided not to prepare an application for this initiative?**

**What did you understand at this point about the initiative and the requirements of participating?**

**[If not clear from response:] What impression or opinion did you have about the [PILOT INITIATIVE]?**

**[If not clear from response:] What hesitations did you have about applying?**

- Did you have concerns about administrative burden, paperwork or requirements for the application?
- Did you have concerns the funding might run out?
- Did you have other concerns?

**Who did you consult when making this decision?**

**[If not clear from response:] What was the biggest influence on your decision not to apply?**

**Did any state or local policies or regulations influence your decision not to apply?**

**Is there anything the state could have done to convince you to apply?**

**Could anything be improved to help other home-based providers make this decision?**

## **EXPERIENCES WITH THE APPLICATION PROCESS**

**Next, we would like to learn a little more about your experiences with the application process, if you had any.**

**Did you navigate any part of the application process? [IF YES, continue with section]**

**Please describe your experiences with the application process.**

**Please describe what went well and what was most challenging in terms of navigating the application phases.**

**Did you receive any technical assistance, resources, or other supports to help you with the application process?**

- If so, what were they? How helpful were they?
- What would have been helpful to have?

## **SUPPORTS/RESOURCES**

**Did you consult with anyone when making this decision? [If YES and not clear from response:] Who?**

**Did you have all the information you needed about the [PILOT INITIATIVE]? [If YES and not clear from response:] What was missing?**

**Did you feel supported by the state to make this decision? [If YES or NO and not clear from response:] How?**

**What suggestions would you have for the state about improvements they could make to the [PILOT INITIATIVE] if they do it again?**

**If you had a magic wand to improve how the state is currently organizing the [PILOT INITIATIVE], what would that be?**

## **IF RESPONDENT EMPLOYS OTHERS**

**[NOTE TO INTERVIEWER: ONLY ASK THESE QUESTIONS IF THE OWNER INDICATED IN THE INTRODUCTION THAT THEY EMPLOY OTHER STAFF.]**

**Next, I'd like to learn about other assistant providers in [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"] who might have been affected by the [PILOT INITIATIVE].**

**Colorado first announced the [PILOT INITIATIVE] in [INSERT DATE]. Thinking back to before the initiative started, can you describe whether [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"] was facing any challenges related to recruiting new staff, staff turnover, retention, or supporting staff advancement?**

- If yes, what were the 3 most significant challenges?
- If no, what contributed to your success?

**Can you describe the local labor market? For example:**

- Do you compete with other child care programs when hiring assistant providers? How so? (e.g., What type of child care? Why are these other programs appealing to assistant providers? What do you do to attract potential employees who may be qualified to work at other nearby programs?)
- Do you compete with industries other than child care when hiring assistant providers? How so? (e.g., What types of industries? Why are these other industries appealing to assistant providers? What do you do to attract potential employees who may be qualified to work in other industries?)

**Did you have concerns about how the wage supplement might affect other assistant providers in [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"] (i.e., your employees)?**

**NEXT, PROCEED TO WRAP UP SECTION**

## SECTION 3: EXPERIENCES WITH DECISION-MAKING & APPLICATION PROCESS [PROVIDERS WHO COMPLETED THE APPLICATION (TREATMENT)]

### **LOCAL CONTEXT**

**Colorado first announced the [PILOT INITIATIVE] in [INSERT DATE]. Thinking back to before the initiative started, can you describe whether [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"] was facing any business challenges?**

- Did you ever worry you might close? If so, why?
- Did you worry about having enough families enrolled?

**What are some of the other options for child care and early education offered in your community? Does your community offer...**

- State-pre-kindergarten?
- Head Start?
- Other home-based or family child care home options?
- Other child care programs?

**[IF NOT CLEAR FROM RESPONSE:] What are you considering as your community?**

**Do you ever collaborate or compete with these programs? How so?**

### **DECISION-MAKING**

**Can you share a little about why you decided to prepare an application for this initiative?**

- What did you understand at this point about the initiative and the requirements of participating?
- Who did you consult with when making this decision?
- What motivated you to apply?
- Did you have all the information you needed? Was anything missing?
- Did you feel supported by the state to make this decision?
- Did you have any hesitations about applying?
- Could anything be improved to help other home-based providers make this decision?

### **EXPERIENCES WITH THE APPLICATION PROCESS**

**Next, we would like to learn a little more about your experiences in preparing and submitting the application and navigating the application process to have your program participate in the [PILOT INITIATIVE].**

**Please describe your experiences with the application process.**



**Please describe what went well and what was most challenging in terms of navigating the application phases.**

**Did you receive any technical assistance, resources, or other supports to help you with the application process?**

- If so, what were they? How helpful were they?
- What would have been helpful to have?

**Once the application was fully submitted, what happened next?**

- To what extent did you have back-and-forth communication with the state? What was discussed? Over what period of time?
- How long did it take to learn that your application was approved?

## **EXPERIENCES AFTER APPLICATION WAS ACCEPTED**

**Next, I'd like to talk more about what happened after your application was approved.**

**Once you were approved, was it clear to you what the next steps were?**

- What was helpful in navigating next steps?
- What could have been improved?

**Next, can you describe what administrative tasks you complete each month to process the payments?**

- Submitting monthly attestations and other state-required paperwork
- Accounting-related procedures to process wage payments monthly
- Anything else that's required to process and benefit from the payments

## **IF EMPLOYS OTHERS**

**Note to interviewer: Only ask these questions if the owner indicated in the introduction that they employ others.**

**Next, I'd like to talk more about other assistant providers in your program who might have been affected by the initiative.**

**Colorado first announced the [PILOT INITIATIVE] in [INSERT DATE].**

**Thinking back to before the initiative started, can you describe whether [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"] was encountering any challenges related to recruiting new staff, turnover, retention, or supporting staff advancement?**

- If yes, what were the 3 most significant challenges?
- If no, what contributed to your success?

**Can you describe the local labor market? For example:**

- Do you compete with other child care programs when hiring assistant providers? How so? (e.g., What type of child care? Why are these other programs appealing to

assistant providers? What do you do to attract potential employees who may be qualified to work at other nearby programs?)

- Do you compete with industries other than child care when hiring assistant providers? How so? (e.g., What type of industries? Why are these other industries appealing to assistant providers? What do you do to attract potential employees who may be qualified to work in other industries?)

**Did you have concerns about how the [PILOT INITIATIVE] might affect other assistant providers in [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"] (i.e., your employees)?**

**How did you support other assistant providers in learning about the initiative?**

**Has the [PILOT INITIATIVE] affected your ability to retain assistant providers? How so?**

**Has the [PILOT INITIATIVE] affected your ability to recruit new assistant providers? How so?**

**NEXT, PROCEED TO SECTION 4**

## SECTION 4. EXPERIENCES AFTER INITIATIVE STARTED [PROVIDERS IN TREATMENT GROUP]

**Next, I'd like to talk more about what happened once you started to receive initiative funding.**

### **HOW PROVIDER HAS USED FUNDS**

**How have you used the additional funds provided by [PILOT INITIATIVE]? Did you use funds to...**

- Increase salaries?
- Hire new staff?
- Pay for supplies?
- Pay for utilities or rent?
- Pay for other things?

**NEXT, PROCEED TO SECTION 5**

## SECTION 5. EXPERIENCES ON THE JOB [ALL RESPONDENTS IN TREATMENT GROUP]

**Next, I'd like to talk more about how you have experienced the [PILOT INITIATIVE].**

## **EXPERIENCES ON THE JOB**

**How has the [PILOT INITIATIVE] affected your job (if at all)? Has it affected...For example,**

- Job-related stress?
- Your job satisfaction?
- Amount of time that you spend fulfilling different responsibilities or doing different activities? [PROBES, DEPENDING ON JOB RESPONSIBILITIES IDENTIFIED ABOVE BY RESPONDENT:] For example, caring for children, administrative paperwork.
- **[IF PROVIDER AND EMPLOYS OTHERS]** The amount of time you spend hiring new assistant providers?
- **[IF PROVIDER AND EMPLOYS OTHERS]** The amount of time you spend onboarding/training new assistant providers?
- **[IF PROVIDER AND EMPLOYS OTHERS]** The amount of time you spend resolving staffing challenges (e.g., staff absences, staff turnover)?

**[IF PROVIDER AND EMPLOYS OTHERS] How has the [PILOT INITIATIVE] affected the climate and your relationships with others at [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"]? Has it affected...**

- Your/Assistant providers' attitudes toward their job and collegiality?
- Your/Assistant providers' job-related stress?
- Your/Assistant providers' job satisfaction?
- Amount of staff turnover?
- Staffing challenges and conflicts?

**How has the [PILOT INITIATIVE] affected the care and support that you provide for children and families? Has it affected... For example,**

- Time spent with children? Attention or focus towards children?
- Capacity to serve more children?
- Capacity to meet/maintain adult-child ratios? Did it change the group size or adult-child ratios?
- Did it change the nature of the services and supports that you provide to children or families?
- Did it change the amount of time you have for planning (while not also being responsible for children)?

**[IF PROVIDER AND EMPLOYS OTHERS] How has the [PILOT INITIATIVE] affected your/assistant providers' work with each other, work schedules, or benefits (if at all)?**

- Were there changes that affected your ability to provide benefits for yourself through this job (e.g., paid time off, health insurance)?
- Did you cut back the number of hours you or others work? Have you had to lay off assistant providers or other staff?
- Did it change the assistant providers that you work with (e.g., new staff hired, staffing configurations changed)?

**Has the [PILOT INITIATIVE] affected your wellbeing at all? [If YES:] How?**

- How has it affected your mental wellbeing?

- How has it affected your physical wellbeing?
- How has it affected your relationships with family or friends?

**[IF PROVIDER AND EMPLOYS OTHERS] How do you think the [PILOT INITIATIVE] affected the wellbeing of assistant providers at [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, “YOUR FAMILY CHILD CARE HOME”], if at all?**

- How has it affected their mental well-being?
- How has it affected their physical well-being?
- How has it affected their relationships with you?
- How has it affected their relationships with family or friends?

**[IF PROVIDER AND EMPLOYS OTHERS] Have you experienced any other consequences of the [PILOT INITIATIVE]?**

- Has it impacted assistant providers?
- Has it exacerbated relationships or inequities among certain assistant providers?

**NEXT, PROCEED TO SECTION 6, IF PROVIDER.**

**NEXT, PROCEED TO SECTION 7, IF ASSISTANT PROVIDER.**

## SECTION 6. EXPERIENCES WITH BUSINESS FINANCES [PROVIDERS IN TREATMENT GROUP]

**Next, I would like to ask you some questions about how the [PILOT INITIATIVE] may have affected the financial situation for your business.**

**How would you describe your business’ financial situation before the [PILOT INITIATIVE] started? For example:**

- Were you able pay for the overhead and administrative costs of operating a small business, such as business insurance, licensing costs, and marketing?
- Were you able to pay for the costs of providing care, such as safety equipment and investments, furniture, food, cleaning supplies, and activities?
- Were you able to make other planned investments in your business?

**Have you received financial supports or business supports beyond the [PILOT INITIATIVE] since the initiative began? [IF YES:] Please explain.**

**Next, we’re interested in how your business finances may have changed after you started to receive the [PILOT INITIATIVE].**

**How would you describe the current financial health and stability of [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, “YOUR FAMILY CHILD CARE HOME”], since participating in the [PILOT INITIATIVE]? For example,**

- Has it helped you free up resources?

- Has it necessitated changes to program policies?

**Has the [PILOT INITIATIVE] affected your ability to pay for more support for operating your business? [IF YES:] How so?**

- [IF EMPLOYS OTHERS] Has it allowed you to pay for new assistant providers or other support staff?
- [IF EMPLOYS OTHERS] Has it allowed you to pay existing assistant providers to work more hours?
- Has it allowed you to pay to get short-term replacements for assistant providers who cannot work?
- Has it allowed you to pay for more materials, food, or other supplies?
- Has it allowed you to pay for other overhead, administrative, or business supports, such as accounting services, business planning support, and marketing services?

**Has the [PILOT INITIATIVE] affected your investments in your business and professional development? [IF YES:] How so?**

- Has it allowed you to make changes to your business with the goal of increasing your Colorado Shines rating?
- Has it allowed you to make investments in your professional development, such as a new credential?
- Has it allowed you to change or increase your business marketing?
- Has it allowed you to purchase new resources and supplies for your business, such as curriculum, play equipment, or cribs?

**How has the [PILOT INITIATIVE] influenced your sources of revenue for your [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"]? Has the [PILOT INITIATIVE] changed your sources or revenue or reliance on different funding sources? For example...**

- **the CCEE subsidy program?**
- **Child and Adult Food Care Program (CAFCP)?**
- **Private pay from families?**

**How has the [PILOT INITIATIVE] affected your feelings about the future sustainability of [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"] (if at all)? For example:**

- Has it affected other funding sources for your program?
- Has it affected your risk of closure?
- Has it affected daily operations/management tasks (other than the ones you do for your job)?

**NEXT, PROCEED TO SECTION 7**

## SECTION 7. EXPERIENCES WITH PERSONAL FINANCES [ALL RESPONDENTS IN TREATMENT GROUP]

**Next, I would like to ask you some questions about how the [PILOT INITIATIVE] may have affected your personal income and financial situation (if at all). I want to remind you that everything you tell me will be kept private.**

### **FINANCIAL CIRCUMSTANCES**

**How would you describe your personal financial situation before the [PILOT INITIATIVE] started? For example:**

- How often did you worry about being able to meet your monthly living expenses? Would you say you worry all the time, very frequently, occasionally, rarely, very rarely, or never?
- Were you able to pay for essentials/basics (food, rent, bills)?
- Did you have emergency funds set aside for something like a car repair that might cost \$400-\$500?
- Were you able to splurge or treat yourself when you wanted?

**Next, we're interested in how your personal financial situation may have changed after [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"] started participating in the [PILOT INITIATIVE] (if at all).**

**[IF RESPONDENT INDICATES THAT FINANCIAL SITUATION HAS NOT CHANGED, SKIP TO QUESTIONS ABOUT SOURCES OF INCOME.]**

**How would you describe your current personal financial situation? For example:**

- How often did you worry about being able to meet your monthly living expenses? Would you say you worry all the time, very frequently, occasionally, rarely, very rarely, or never? Why

**Has the [PILOT INITIATIVE] affected your ability to pay for personal things? [IF YES:] How so?**

- Has it affected your ability to pay for essentials/basics (food, rent, bills)?
- Has it allowed you to splurge or treat yourself?

**Has the [PILOT INITIATIVE] affected your ability to save money? [IF YES:] How so?**

- Has it allowed you to save funds for big expenses? [IF YES:] Can you share an example?
- Has it allowed you to set aside emergency funds for something like a car repair that might cost \$400-\$500?
- Has it allowed you to set aside emergency funds that would cover your expenses for 3 months in case of sickness, job loss, economic downturn, or other emergencies?

**Has the [PILOT INITIATIVE] affected your ability to pay off your personal debt? [IF YES:] How so? [Prompt:] **Has it affected your ability to:****

- Pay off money you might owe for medical expenses, school, credit card, home, car, or other loans?

#### SOURCES OF INCOME

**Next, I have a few questions about other sources of income and support you and your household may have received other than the income you earn as a provider/assistant provider.**

**Did you receive money or income from any of these sources before the [PILOT INITIATIVE] began:**

- Another regular full-time job
- Another regular part-time job
- Earnings from casual jobs (e.g., babysitting, ridesharing)
- Other sources of income, such as VA payments, unemployment compensation, child support or alimony
- Cash assistance from family or friends to help pay for basic needs

**IF YES: did this change after your [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"] started participating in the [PILOT INITIATIVE]? How so?**

**Did you or anyone in your household participate in or receive support from any of the following programs before your [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"] started participating in the [PILOT INITIATIVE]:**

- Assistance with the cost of care for a child or other dependent (if yes: please describe)
- Food assistance, such as the Supplemental Nutrition Assistance Program (SNAP) or Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Energy assistance to help pay for home heating costs, such as the Colorado Low-income Energy Assistance Program (LEAP)
- Cash assistance through government programs like Temporary Assistance for Needy Families (TANF)
- Disability assistance through Colorado's Disability Determination Services (DDS)
- Employment assistance through Colorado training and employment programs
- Housing assistance from the government, such as Colorado's emergency rental or mortgage assistance, housing vouchers, etc.
- Health insurance assistance, such as Health First Colorado, Child Health Plan Plus, or Connect for Health
- Some other support or benefit program (if yes: please describe)

**IF YES, did this change after your [FAMILY CHILD CARE HOME NAME, OR IF NO NAME, "YOUR FAMILY CHILD CARE HOME"] started participating in the [PILOT INITIATIVE]? How so?**

**NEXT, PROCEED TO SECTION 8**

## SECTION 8: BELIEFS, EXPECTATIONS, AND LOOKING AHEAD [ALL RESPONDENTS IN TREATMENT GROUP]

### **BELIEFS & EXPECTATIONS**

**Was the [PILOT INITIATIVE] what you had expected? How so?**

- Was it more/less money than you expected?
- Was it more/less frequent than you expected?

**Did anything surprise you (good or bad) about participating in the [PILOT INITIATIVE]? For example:**

- Did the [PILOT INITIATIVE] create opportunities you didn't have before?
- **[IF EMPLOYS OTHERS:]** Were certain staff treated differently or unfairly within your program as a result of the [PILOT INITIATIVE]?
- Did participating in the [PILOT INITIATIVE] make you ineligible for other benefits?

**Has the [PILOT INITIATIVE] affected how you think about what it means to be a provider or assistant provider? [IF YES:] How so? Why?**

**Finally, we are curious to hear your thoughts about the future.**

**[IF PROVIDER AND EMPLOYS OTHERS] How do you expect that you might use additional funds that you receive from this [PILOT INITIATIVE]?**

- Will you... Adjust services offered?
- Will you... Hire new assistant providers or staff?
- Will you... Increase benefits for staff?
- Will you... use it for something else?

**Given that this is a 2-year pilot, do you have any concerns about what will happen after the funding ends?**

**Do you have any suggestions for how Colorado could improve the [PILOT INITIATIVE] if they were to extend it or offer it again in the future?**

- Can you think of... Improvements that would support providers?
- Can you think of... Improvements that would support assistant providers?
- **[IF PROVIDER]** Can you think of... Improvements that would better align this initiative with other initiatives, policies, or funding streams?
- Can you think of... Other improvements?

**If you had a magic wand to improve how the state is currently organizing the [PILOT INITIATIVE], what would that be?**

**NEXT, PROCEED TO WRAP-UP**



## WRAP-UP

**Is there anything we didn't get to discuss that you think would be important for us to know about the [PILOT INITIATIVE]?**

Thank you for sharing your time and expertise with us today. On behalf of our whole team, we are grateful for your contribution to this study.