

Instrument 2

Phase two provider telephone script and recruitment information collection

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STUDY TEAM MEMBER INSTRUCTIONS

BEFORE YOU CALL:

- REVIEW THE TRACKER TO SEE WHO HAS BEEN SELECTED FOR PHASE TWO.
- REVIEW THE TRACKER TO IDENTIFY THE PROVIDER'S PREFERRED LANGUAGE.
- SEND THE APPENDIX C RECRUITMENT MATERIALS.
 - C.1 PHASE TWO PROVIDER FLYER
 - C.2 PHASE TWO FAMILY FLYER
 - C.3 PHASE TWO PROVIDER ADVANCE EMAIL

GOALS OF THE CALL:

1. INTRODUCE YOURSELF
2. DESCRIBE PURPOSE OF THE HBCC-NSAC TOOLKIT PILOT STUDY AND WHAT PARTICIPANT WILL BE ASKED TO DO
3. CONFIRM ELIGIBILITY
4. COLLECT CONTACT INFORMATION
5. DESCRIBE NEXT STEPS

THIS IS A SEMI-STRUCTURED RECRUITMENT SCRIPT, MEANING YOU SHOULD 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 PILOT STUDY.

IF YOU REACH SOMEONE:

Hello [NAME],

CONFIRM YOU ARE SPEAKING TO THE NAMED PROVIDER. IF NOT, CONFIRM PHONE NUMBER, EMAIL, AND A GOOD CALLBACK TIME.

CONFIRM PROVIDER CAN TAKE THE CALL IN ENGLISH/SPANISH. IF WRONG LANGUAGE, CONFIRM PHONE NUMBER, EMAIL, AND A GOOD CALLBACK TIME (IF POSSIBLE FOR INTERVIEWER WITH PREFERRED LANGUAGE TO CALL BACK).

This is [STUDY TEAM MEMBER NAME]. I'm calling about an email I sent on [SENT DAY OR DATE] asking [RESPONDENT NAME] to take part in the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) Pilot Study.

[IF WE CAN SHARE CONTACT AT COMMUNITY ORGANIZATION NAME: [CONTACT AT COMMUNITY ORGANIZATION] recommended you as a potential participant for this pilot study.] I'd like to tell you about the HBCC-NSAC Toolkit Pilot Study and see if this is something you would like to participate in and discuss your eligibility and next steps. This call should take about 20 minutes. Is now a good time to talk?

[IF NO]: What's a good date/time that would work for you? [SCHEDULE DATE/TIME TO CALL BACK.]

[IF YES]: Great, thanks. Talking with me on this call is completely up to you and voluntary, and your responses will be kept private. 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 number for this collection is 0970-0355 and the expiration date is 08/31/2024.

Let's talk about the study. We need your help trying out the HBCC-NSAC Toolkit being developed for home-based providers who care for at least one school-age child for at least 10 hours per week. Home-based child care providers like you can use it to help identify strengths and areas for growth in providing care for children and partnering with their families. The HBCC-NSAC Toolkit includes a provider questionnaire that asks you about how you support children in your care. It also includes a short questionnaire that families complete to help providers understand child care topics, like routines and types of interactions with children, that families think are important to talk about with their provider.

In total, we are asking for about an hour of your time, and the study activities will take place at a time that works best for you. We will email you a link to complete the provider questionnaire online. This will take you about 30 minutes. If you prefer, we can mail you a paper copy with a prepaid return envelope, or a trained interviewer can call you to complete it over the phone. The provider questionnaire is available in English or Spanish for all modes and providers who feel comfortable answering the questions in English or Spanish can participate. As a thank you for your participation, we will send you a \$50 gift card after you complete the HBCC-NSAC Toolkit provider questionnaire.

We would also like to talk with you for about 15 minutes to explain the family questionnaire and ask you to invite one or more families to complete it. If you talk to us about the family questionnaire and agree to share it with families, you will receive an additional \$10 gift card as a thank you.

Are you willing and available to take part in this pilot study sometime by [DATE]?

[IF REFUSED] I understand. It is helpful for us to know why you cannot participate. Can you share what is keeping you from participating in this pilot study?

Do you know any other home-based child care providers who care for school-age children and may be interested in participating in this pilot study? By school-age, we mean children who are age 5 and in kindergarten, or ages 6 through 12.

[IF YES] For those who agree to have their information shared, are you willing to give us their email, phone number, and preferred language? We can provide a flyer for you to share with them.

IF PROVIDER PREFERS TO SHARE CONTACT INFORMATION LATER, SET A TIME TO FOLLOW UP WITH THE PROVIDER TO COLLECT CONTACT INFORMATION.

IF CONTACT INFORMATION PROVIDED DURING THE CALL: When the study team contacts them, is it ok to say that we received their contact information from you?

Thanks for your time and take care! [END CALL. IF NEEDED, SAVE CONTACT INFORMATION AND SEND FLYER.]

[IF AGREES TO PARTICIPATE] Great—thank you so much! Now, we need to confirm that you are eligible. [PROCEED TO TABLE 1]

Table 1. Eligibility

Characteristic	Response
Are you 18 years old or older? IF NO, SKIP TO "NOT ELIGIBLE" TEXT	
Do you care for a child who is either 5 years old and in kindergarten, or ages 6 through 12 in a home (such as your home or the child's)? IF YES: Do you care for them for at least 10 hours per week? IF DOES NOT CURRENTLY CARE FOR A SCHOOL-AGE CHILD	
In the last 12 months, did you care for a child who is either 5 years old and in kindergarten, or ages 6 through 12, in a home (such as your home or the child's home)? IF YES: Did you care for them for at least 10 hours per week?	

[NOT ELIGIBLE IF

YOUNGER THAN 18 YEARS OLD, OR

DOES NOT CARE FOR A SCHOOL-AGE CHILD IN A HOME FOR AT LEAST 10 HOURS PER WEEK CURRENTLY OR IN THE LAST 12 MONTHS]

We are looking to speak with providers who are 18 years old or older and care for at least one school-age child in a home setting for at least 10 hours per week in the last 12 months. By school-age, we mean children who are age 5 and in kindergarten, or ages 6 through 12. Unfortunately, you are not eligible for the current study.

Do you know any other home-based providers who care for school-age children and may be interested in participating in this pilot study? By school-age, we mean children who are age 5 and in kindergarten, or ages 6 through 12.

[IF YES] For those who agree to have their information shared, are you willing to give their email, phone number, and preferred language? We can provide a flyer for you to share with them.

IF PROVIDER PREFERS TO SHARE CONTACT INFORMATION LATER, SET A TIME TO FOLLOW UP WITH THE PROVIDER TO COLLECT CONTACT INFORMATION.

IF CONTACT INFORMATION PROVIDED DURING THE CALL: When the study team contacts them, is it ok to say that we received the contact information from you?

We'd really like to reach more providers to try out the HBCC-NSAC Toolkit! Please share the flyer with other providers in your network and ask them to call or email us if they are interested in taking part.

Other than [COMMUNITY ORGANIZATION], are you a part of any networks or groups who we should contact to find providers to participate?

Thanks for your time and take care! [END CALL. IF NEEDED, SAVE CONTACT INFORMATION AND SEND FLYER.]

[IF QUESTION 1, AND 2 OR 3=YES IN TABLE 1] Can you provide (or confirm) the following information? [PROCEED TO TABLE 2]

Table 2. Questions for respondent characteristics

Characteristic	Response
What is the age range of the children you care for?	
Are you related to any of the school-age children you care for?	
Do you provide care in your own home or in the child's home or someplace else?	
We are looking for providers who are licensed and unlicensed. Do you have a license to provide child care?	
Are you Hispanic or Latino?	
What is your race (for example, you might identify as Asian or Pacific Islander, Black, White, bi- or multi- racial, or another race)?	
IF BI- OR MULTI-RACIAL, IDENTIFY EACH RACE CATEGORY	
The provider questionnaire is available in English or Spanish. Which language would you prefer to fill it out in?	
Do you speak a language or languages other than [FILL WITH EITHER: ENGLISH or SPANISH]?	
What is your email address?	
What is the address of the location where you provide care?	
Is your mailing address the same as the location where you provide care? If not, what is your mailing address? IF A P.O. BOX IS PROVIDED, ASK FOR A STREET ADDRESS.	
Can you receive mail sent through FedEx to your mailing address? Are you able to return mail using FedEx? IF CANNOT USE FEDEX, IDENTIFY THE CARRIER USED TO RECEIVE AND SEND MAIL.	
Is this the best phone number to reach you? If not, can you provide a number we can use to contact you?	
Would you prefer to respond to the provider questionnaire electronically, using a computer or smart phone (connected to the internet)? IF NO: Would you like us to mail you a paper copy? IF NO: Would you like to complete it over the phone with a trained interviewer? IF PHONE MODE PREFERRED, SCHEDULE THE CALL BETWEEN THE NEXT 3 TO 7 BUSINESS DAYS: Can you provide a date and time when you are available to complete the provider questionnaire with an interviewer over the phone?	
Now I have some questions about the school-age children that you care for and their families.	
How many families with school-age children do you care for?	
IF MORE THAN ONE FAMILY WITH SCHOOL-AGE CHILDREN: Now, let's talk about one family at a time.	
FAMILY CHILD ETHNICITY AND RACE, AND PRIMARY HOME LANGUAGE.	
Thinking about the [IF MORE THAN ONE FAMILY: first] family, how many school-age children do you care for in this family?	

Characteristic	Response
Next, I will ask you about race and ethnicity for [IF ONE SCHOOL-AGE CHILD: the] [IF MORE THAN ONE SCHOOL-AGE CHILD: each] school-age child. You can say you don't know for any of these. FAMILY ONE, CHILD ONE. Does this school-age child identify as Hispanic or Latino? Does this school-age child identify as Asian or Pacific Islander, Black, White, bi- or multi-racial, or another race? IF BI- OR MULTI-RACIAL OR ANOTHER RACE, CLARIFY WHICH RACE CATEGORIES. [IF MORE THAN ONE SCHOOL-AGE CHILD IN FAMILY ONE: ASK THIS SERIES OF QUESTIONS FOR EACH SCHOOL-AGE CHILD IN FAMILY ONE. FAMILY ONE, CHILD TWO. Now let's talk about the next school-age child in this family. Does this school-age child identify as Hispanic or Latino? Does this school-age child identify as Asian or Pacific Islander, Black, White, bi- or multi-racial, or another race? IF BI- OR MULTI-RACIAL OR ANOTHER RACE, CLARIFY WHICH RACE CATEGORIES.] ASK AFTER COLLECTING RACE/ETHNICITY FOR ALL SCHOOL-AGE CHILDREN IN FAMILY ONE: Finally, I'll ask about language. What languages are spoken in the family's home? IF THERE ARE ADDITIONAL FAMILIES WITH SCHOOL-AGE CHILDREN, REPEAT FOR EACH FAMILY WITH SCHOOL AGE CHILDREN.	

Great—thank you! We will talk to you about how families can participate in another call.

I will send this information to the study team and follow up with you soon to confirm you have been selected to participate. Once your participation is confirmed, I will provide instructions for completing the [English/Spanish] version of the HBCC-NSAC Toolkit provider questionnaire within a week of receiving it, about [DATE ABOUT 7 BUSINESS DAYS AFTER RECRUITMENT CALL].

Finally, do you know any other home-based child care providers who care for school-age children?

[IF YES] For those who agree to have their information shared, are you willing to give us their email, phone number, and preferred language?

IF PROVIDER PREFERS TO SHARE CONTACT INFORMATION LATER, SET A TIME TO FOLLOW UP WITH THE PROVIDER TO COLLECT CONTACT INFORMATION.

IF CONTACT INFORMATION PROVIDED DURING THE CALL: When the study team contacts them, is it ok to say that we received the contact information from you?

We'd really like to reach more providers to try out the HBCC-NSAC Toolkit! Please share the flyer with other providers in your network and ask them to call or email the study team if they are interested in taking part.

Other than [COMMUNITY ORGANIZATION], are you a part of any networks or groups who we should contact to find providers to participate?

IF SELECTED, SEND CONFIRMATION EMAIL.

IF NOT SELECTED, SEND NOT SELECTED THANK YOU EMAIL TO PROVIDER.

IF YOU GET VOICEMAIL:

Hello [NAME],

This is [STUDY TEAM MEMBER NAME].

[IF WE CAN SHARE CONTACT AT COMMUNITY ORGANIZATION NAME: I'm calling because [CONTACT AT COMMUNITY ORGANIZATION] recommended you for the Home-Based Child Care Toolkit for Nurturing School-Age Children Pilot Study.]

[IF CANNOT SHARE CONTACT AT COMMUNITY ORGANIZATION NAME: I'm calling to ask for your help with the Home-Based Child Care Toolkit for Nurturing School-Age Children Pilot Study.]

If you are eligible and participate in the pilot study, you will receive a \$50 gift card as a thank you. Please call me back to discuss how you can take part. I can be reached at [PHONE NUMBER]. We will be conducting this pilot study through [DATE].

Thanks, and have a great day!