

Instrument 7

Family data collection logistics call

Family data collection logistics call

IF EXPERTS WITH LIVED EXPERIENCE PROVIDING HBCC OR PROVIDERS WHO ARE NOT PILOT RESPONDENTS

BEFORE YOU CALL:

- REVIEW THE TRACKER TO SEE IF FAMILIES ARE NEEDED TO COMPLETE THE ENGLISH OR SPANISH VERSION OF THE FAMILY QUESTIONNAIRE.
- REVIEW APPENDIX J FAMILY DATA COLLECTION INSTRUCTIONS.

GOALS OF THE CALL:

- ASK PROVIDERS TO SHARE THE FAMILY QUESTIONNAIRE WITH FAMILIES OF SCHOOL-AGE CHILDREN.
- REVIEW FAMILY DATA COLLECTION INSTRUCTIONS WITH PROVIDERS.

Hello [NAME],

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

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

I'd like to tell you about the HBCC-NSAC Toolkit Pilot Study and see if you would be able to help with the family data collection component. This call should take about 15 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. As you know, we are developing the HBCC-NSAC Toolkit 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. There is also a short questionnaire that families can 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. We need your help getting families of school-age children to try out the family questionnaire and talk to us about it. By school-age, we mean children who are age 5 and in kindergarten, or ages 6 through 12. **If you talk to us about the family questionnaire and agree to share it with families, you will receive a \$10 gift card as a thank you.**

In total, participation will take about 40 minutes of families’ time, and the study activities will take place at a time that works best for them. Completing the family questionnaire would take about 10 minutes of their time and the follow-up call on WebEx will take about 30 minutes. Families will get a \$35 gift card as a thank you for completing the family questionnaire and follow-up call on WebEx.

If you agree to share the family questionnaire with the families of school-age children in your care, we will mail you a packet with instructions. The packet will also have the paper consent form and family questionnaire for the family to fill out. Families will return the completed consent form and family questionnaire to you, and you will return them to the study team at Mathematica using a pre-paid envelope.

Are you willing and available to share the family questionnaire with families of school-age children in your care and collect the completed family questionnaires?

IF NO: It is helpful for us to know why you have chosen not to share the family questionnaire. Can you share what is keeping you from inviting families to complete it?

Thanks for your time and take care! END CALL.

IF YES: Thank you. Now I have some questions about the families of the school-age children that you care for.



Table 1. Questions for family characteristics

Characteristic	Response
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 LANGAUGE.	
Thinking about the [IF MORE THAN ONE FAMILY: first] family, how many school-age children do you care for in this family?	
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.	

Characteristic	Response
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.	

[IF PROVIDER DOES NOT CARE FOR FAMILIES WITH SCHOOL-AGE CHILDREN WHO SPEAK EITHER ENGLISH OR SPANISH: Thank you. We are looking for [IF FOR SPANISH VERSION: Spanish-speaking] [IF FOR ENGLISH VERSION: English-speaking] families with school-age children in home-based child care to try out the [LANGUAGE OF INTEREST] version of the family questionnaire. It sounds like you do not care for school-age children from [LANGUAGE OF INTEREST]-speaking families, so we will not ask you to share the [LANGUAGE OF INTEREST] version of the family questionnaire at this time.

Thank you for talking with me today. END CALL.]

IF RESPONDENTS NEEDED TO COMPLETE THE SPANISH VERSION OF THE FAMILY QUESTIONNAIRE AND PROVIDER CARES FOR SPANISH-SPEAKING FAMILIES, CONTINUE.

IF RESPONDENTS NEEDED TO COMPLETE THE ENGLISH VERSION OF THE FAMILY QUESTIONNAIRE AND PROVIDER CARES FOR ENGLISH-SPEAKING FAMILIES, CONTINUE.

What is the best mailing address for the study team to send you study materials?

IF THEY SHARE A P.O. BOX, ASK FOR THE 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.

Thank you! Soon, we will mail you written instructions for sharing the family questionnaire with families of school-age children in your care. By families, we mean the person most responsible for the care of the

school-age child when they are not in your care (for example, the child's parent or guardian). This person should be 18 years old or older.

Your package will include a \$10 gift card for you as a thank you for talking with us about the family questionnaire and agreeing to share the family questionnaire with families. Your package will also have written instructions for you, family questionnaire packets for families labeled [IF CARES FOR ENGLISH-SPEAKING FAMILIES WITH SCHOOL-AGE CHILDREN: English version] [IF CARES FOR SPANISH-SPEAKING FAMILIES WITH SCHOOL-AGE CHILDREN: Spanish version] [IF CARES FOR BOTH ENGLISH-SPEAKING FAMILIES AND SPANISH-SPEAKING FAMILIES WITH SCHOOL-AGE CHILDREN: English version and Spanish version], and pre-paid mailing materials.

[IF PROVIDER CARES FOR MULTIPLE FAMILIES WITH SCHOOL-AGE CHILDREN: You can pick which two families to invite.] You will give a family questionnaire packet to one or two families to complete in their preferred language. Families will complete the consent form and family questionnaire and give them back to you in a sealed envelope. You will mail the completed consent form(s) and family questionnaire(s) back to the study team at Mathematica using the pre-paid envelope.

Once you get the packets in the mail, please let me know if you have any questions. For now, do you have any questions about sharing the family questionnaire?

After you share the family questionnaire with families, please let me know if it would be helpful for me to explain the study to families directly or answer questions from them.

If we cannot get each family's phone number, email address, and mailing address from the consent form, we may ask you to give us this information for families who agree to have their information shared. We will use it to set up a 30 minute call on WebEx to talk about their experience completing the family questionnaire and to send families a \$35 gift card as a thank you for completing the family questionnaire and follow-up call on WebEx.

You can expect to receive the packet for families in the mail on [EXPECTED DELIVERY DATE]. Please plan to collect the completed family consent form and family questionnaire from families of school-age children in your care and return them to the study team at Mathematica by [DATE].

Thank you for your time today!

END CALL.

IF PROVIDERS WHO ARE PILOT RESPONDENTS

BEFORE YOU CALL:

- REVIEW THE TRACKER TO SEE IF FAMILIES ARE NEEDED TO COMPLETE THE ENGLISH OR SPANISH VERSION OF THE FAMILY QUESTIONNAIRE.
- REVIEW THE TRACKER TO SEE IF PROVIDERS CARE FOR ENGLISH-SPEAKING FAMILIES OR SPANISH-SPEAKING FAMILIES WITH SCHOOL-AGE CHILDREN, OR BOTH.
- REVIEW APPENDIX J FAMILY DATA COLLECTION INSTRUCTIONS.
- REVIEW THE STATUS OF THE PROVIDER QUESTIONNAIRE.

GOALS OF THE CALL:

- ASK PROVIDERS TO SHARE THE FAMILY QUESTIONNAIRE WITH FAMILIES OF SCHOOL-AGE CHILDREN.
- REVIEW FAMILY DATA COLLECTION INSTRUCTIONS WITH PROVIDERS.
- IF PROVIDER QUESTIONNAIRE NOT COMPLETE, CONFIRM PROVIDER RECEIVED THE PROVIDER QUESTIONNAIRE AND REMIND THEM TO COMPLETE IT SOON.

Hello [NAME],

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

This is [STUDY TEAM MEMBER NAME] with the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) Pilot Study.

Thank you for [IF PROVIDER QUESTIONNAIRE COMPLETE: completing] [IF PROVIDER QUESTIONNAIRE NOT COMPLETE: agreeing to complete] the HBCC-NSAC Toolkit provider questionnaire. I'm calling today to talk with you about the family questionnaire and see if you would be able to help get families to try out the questionnaire. This call should take about 15 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 family questionnaire and data collection. I mentioned in an earlier call that there is a family questionnaire that is part of the HBCC-NSAC Toolkit. We need your help getting families of school-age children to try out the family questionnaire [IF PHASE ONE: and talk to us about it]. By school-age we mean children who are age 5 and in kindergarten, or ages 6 through 12. **If you talk to us about the family questionnaire and agree to share it with families, you will receive a \$10 gift card as a thank you.**

[IF PHASE ONE: In total, participation will take about 40 minutes of families' time, and the study activities will take place at a time that works best for them. Completing the family questionnaire would take about 10 minutes of their time and the WebEx call would take about 30 minutes. Families will get a \$35 gift card as a thank you for completing the family questionnaire and the follow-up call on WebEx.]

[IF PHASE TWO: Completing the family questionnaire would take about 10 minutes of their time at a time that works best for them. Families will get a \$10 gift card as a thank you for completing the family questionnaire.]

If you agree to share the family questionnaire with the families of school-age children in your care, we will mail you a packet with instructions. It will also have the paper consent form and family questionnaire for the family to fill out. Families will return the completed consent form and family questionnaire to you, and you will return them to the study team at Mathematica using a pre-paid envelope.

Are you willing and available to share the family questionnaire with families of school-age children in your care and collect the completed family questionnaires?

IF NO: That's ok, this is an optional part of the pilot study. We will not send you the family questionnaire to share with families. Inviting families is not a requirement for your own participation in the pilot study. Thank you. END CALL.

IF YES: Great. Soon, we will mail you written instructions for sharing the family questionnaire with families of school-age children in your care. By families, we mean the person most responsible for the care of the school-age child when they are not in your care (for example, the child's parent or guardian). This person should be 18 years old or older.

Your package will include a \$10 gift card for you as a thank you for talking with us about the family questionnaire and agreeing to share the family questionnaire with families. Your package will have written instructions for you, family questionnaire packets for families labeled [IF CARES FOR ENGLISH-SPEAKING FAMILIES WITH SCHOOL-AGE CHILDREN: English version] [IF CARES FOR SPANISH-SPEAKING FAMILIES WITH SCHOOL-AGE CHILDREN: Spanish version] [IF CARES FOR BOTH ENGLISH-SPEAKING FAMILIES AND SPANISH-SPEAKING FAMILIES WITH SCHOOL-AGE CHILDREN: English version and Spanish version], and pre-paid mailing materials.

[IF PROVIDER CARES FOR MULTIPLE FAMILIES WITH SCHOOL-AGE CHILDREN: You can pick which two families to invite.] You will give a family questionnaire packet to one or two families to complete in their preferred language. Families will complete the consent form and family questionnaire and give them back to you in a sealed envelope. You will mail the completed consent form(s) and family questionnaire(s) back to the study team at Mathematica using the pre-paid envelope.

Once you get the packets in the mail, please let me know if you have any questions. For now, do you have any questions about sharing the family questionnaire?

After you share the family questionnaire with families, please let me know if it would be helpful for me to explain the study to families directly or answer questions from them.

If we cannot get each family's phone number, email address, and mailing address from the consent form, we may ask you to give us this information for families who agree to have their information shared. We will use it to [IF PHASE ONE: set up the WebEx call to talk about their experience completing the family

questionnaire and] to send families a gift card as a thank you for completing the family questionnaire [IF PHASE ONE: and follow-up call on WebEx].

You can expect to receive the packet for families in the mail on [EXPECTED DELIVERY DATE]. Please plan to collect the completed family consent form and family questionnaire from families of school-age children in your care and return them to the study team at Mathematica by [DATE].

Thank you for your time today!

END CALL.