

Instrument 3

Provider telephone script and recruitment information collection

(Providers in sites selected for observations)

[**Note:** The all caps text indicate instructions to the interviewer and mixed-case text indicate text that is read by the interviewer.]

Provider telephone script and recruitment information collection for providers in sites selected for observations

STUDY TEAM MEMBER INSTRUCTIONS

GOALS OF THE CALL:

1. INTRODUCE YOURSELF
2. DESCRIBE PURPOSE OF THE HOME-BASED CHILD CARE TOOLKIT FOR NURTURING SCHOOL-AGE CHILDREN (HBCC-NSAC TOOLKIT) 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 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.

This is [STUDY TEAM MEMBER NAME]. I'm calling about an email or letter you likely received asking you to take part in the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) Study.

[IF WE CAN SHARE CONTACT AT COMMUNITY ORGANIZATION NAME: [CONTACT AT COMMUNITY ORGANIZATION] recommended you as a potential participant for this study]. I'd like to tell you about the Study, see if you'd like to participate, and talk about your eligibility and next steps. This call should take about 25 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] May we text you to remind you about this call? What mobile number should we use to send you texts?

[IF YES]: Great, thanks.

We need your help as we develop the HBCC-NSAC Toolkit for home-based providers. Providers like you can use the Toolkit to identify caregiving strengths and areas for growth. The Toolkit includes a provider questionnaire that asks you questions about how you support children in your care. A family survey asks families about their experience having child(ren) in home-based care and will be used to help develop the Toolkit. We'd like you to 1) complete the provider questionnaire; 2) allow a study team member to observe you caring for school-age children; and 3) distribute and collect family surveys to and from your families with school-age children.

The study activities will take place at a time that works best for you. You can complete the provider questionnaire online, on paper, or with a trained interviewer on the phone. It will take you about 50 minutes. If you are eligible for the study, as a thank you for speaking with me today and completing the provider questionnaire, we will send you a \$70 gift card after you complete the provider questionnaire.

We will work with you to schedule the observation at a time that is convenient and when you are caring for at least 1 school-aged child. During the observation, the study team member would be at your child care home for about 3 to 4 hours on the scheduled day. The observation will be used to help us understand how providers like you care for children and will not be shared or used for monitoring or assessment purposes. In recognition of the time you'll take to coordinate and schedule the observation you will receive a \$10 gift card.

Also, you will receive a \$10 gift card in recognition of the time it will take you to hand out the family surveys and remind families to complete and send them back to us as needed.

Do you have any questions or concerns about any parts of this study?

Are you willing and available to take part in this 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 study? [IF ONLY REASON IS THEY DON'T WANT TO

PARTICIPATE IN THE OBSERVATION, OFFER PARTICIPATION WITHOUT THE OBSERVATION].

Do you know any other home-based providers who care for school-age children and may be interested in participating in this 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 and phone number? 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; REMIND PROVIDERS TO NOT SHARE CONTACT INFORMATION OVER EMAIL.

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!

Before we get started, let me read you the following statement for your information. 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 Office of Management and Budget (OMB) control number. The OMB number for this collection is 0970-XXXX and the expiration date is XX/XX/202X.

Now, let's 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	
To complete the provider questionnaire you will need to read the questions in English and answer questions by checking boxes and sometimes writing short answers in English. Are you comfortable completing the provider questionnaire in English? [Note: Recruiters proceed to next item in table if answer "yes" to previous item.] IF NO, SKIP TO "NOT ELIGIBLE" TEXT	
Do you currently care for at least 1 school-age child who's not your own in a home (such as your home or the child's) when they are not in school or with their parent? IF NO, SKIP TO "NOT ELIGIBLE" TEXT	
About how many hours per week do you typically care for this child/these children? IF LESS THAN 10 HOURS PER WEEK: SKIP TO "NOT ELIGIBLE" TEXT	
In the past year, did you care for this child/these children for at least 8 weeks? IF NO, SKIP TO "NOT ELIGIBLE" TEXT	
Now let's talk about who will complete the family survey. They should be at least 18 years old and are the 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). Do you think at least 1 family of a school-age child can complete the family survey in English? IF NO, SKIP TO "NOT ELIGIBLE" TEXT IF YES, PROCEED TO "ELIGIBLE" TEXT IF DON'T KNOW: Are you unsure because the family survey is only available in English? IF NO: RECORD REASON AND PROCEED TO "NOT ELIGIBLE" TEXT IF YES: To complete the family survey in English means they will need to read the questions in English and answer questions by checking boxes and sometimes writing short answers in English. Do you think the families with school-age children could do this? IF NO, SKIP TO "NOT ELIGIBLE" TEXT IF YES, PROCEED TO "ELIGIBLE" TEXT	

ELIGIBLE IF: AT LEAST 18 YEARS OLD, IS COMFORTABLE COMPLETING THE PROVIDER QUESTIONNAIRE IN ENGLISH, CURRENTLY CARES FOR AT LEAST 1 SCHOOL-AGE CHILD IN A HOME WHO IS NOT THEIR OWN, PROVIDES CARE AT LEAST 10 HOURS PER WEEK, PROVIDES CARE FOR AT LEAST 8 WEEKS IN PAST YEAR, AND HAS AT LEAST 1 FAMILY

OF A SCHOOL-AGE CHILD WHO WILL BE ABLE TO COMPLETE THE FAMILY SURVEY IN ENGLISH.

IF NOT ELIGIBLE: Unfortunately, you are not eligible for the current study. We are looking for providers who [MENTION FACTOR THAT MADE PROVIDER INELIGIBLE]. Do you know any other home-based providers who care for school-age children and may be interested in participating in this study?

[IF YES] For those who agree to have their information shared, are you willing to give their email and phone number? 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; REMIND PROVIDERS TO NOT SHARE CONTACT INFORMATION OVER EMAIL.

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 Toolkit! Would you be willing to share the flyer with other providers in your network? They flyer would ask them to call or email us if they are interested. For privacy reasons, please do not send us any contact information by email.

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 ELIGIBLE]

Great, you are eligible to participate in the study!

Now I'll ask you to provide (or confirm) some information. [PROCEED TO TABLE 2]

Table 2. Questions for respondent characteristics

Characteristic	Response
What is the age range of the children you care for?	
Do you provide care in your own home or in the child's home or someplace else? IF PROVIDER NAMES MORE THAN 1 LOCATION, ASK THEM TO NAME THE LOCATION WHERE THEY CARE FOR CHILDREN MOST OFTEN. IF PROVIDER CARES FOR CHILDREN IN A LOCATION OTHER THAN THEIR OWN HOME: Thank you. At this time, we're only conducting observations of providers who provide care in their own homes. While you won't be observed, you can still complete the provider questionnaire and invite families to complete the family survey. SKIP ITEMS PERTAINING TO OBSERVATIONS.	
We are looking for providers who are licensed and unlicensed. Do you have a license to provide child care? IF PROVIDERS REFER TO THEMSELVES AS "REGISTERED" OR "LISTED" WITH THEIR STATE TO CARE FOR CHILDREN, MARK YES. IF PROVIDERS REFER TO THEMSELVES AS "LICENSE-EXEMPT" OR "EXEMPT," MARK NO.	
Are you Hispanic or Latino?	
What is your race (for example, you might identify as American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White, bi- or multi- racial, or another race)? IF BI- OR MULTI-RACIAL, IDENTIFY EACH RACE CATEGORY	
Do you speak any languages other than English? What language(s)?	
What is your email address?	
What is the zip code of the location where you provide care? IF PROVIDER GIVES MORE THAN 1 ZIP CODE, ASK THEM FOR THE ZIP CODE OF THE LOCATION WHERE THEY CARE FOR CHILDREN MOST OFTEN.	
We will send you information and materials by mail. What is your preferred mailing address?	
Can you receive mail sent through [CARRIER] to your mailing address? Are you able to return mail using [CARRIER]? IF CANNOT USE [CARRIER], IDENTIFY THE CARRIER USED TO RECEIVE AND SEND MAIL. IF PROVIDER HAS BARRIERS TO RETURNING MAIL (FOR EXAMPLE, LACK OF TRANSPORTATION OR DOES NOT KNOW HOW TO SCHEDULE PACKAGE PICK UP: "Once you have completed consent forms and questionnaires to return, we can talk	

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Characteristic	Response
about options for returning study materials to the study team.”	
Is this the best phone number to reach you? If not, can you provide a number we can use to contact you?	
May we send you reminders or other communication by text message? IF YES: What mobile number should we use to send you texts?	
As I explained earlier, the provider questionnaire should take about 45 minutes. Would you prefer to complete it using a computer or smart phone (connected to the internet), a paper copy, or over the phone with a trained interviewer? IF PHONE MODE PREFERRED, SCHEDULE THE CALL BETWEEN THE NEXT 3 TO 7 CALENDAR DAYS: What is a good date and time to complete the provider questionnaire with an interviewer over the phone?	
Next, I'd like to talk about the family survey part of the study. You will give a family survey packet to each one of your families with school-age children who are able to complete it in English. The family survey is available in English only and will take about 15 minutes. Families can complete it online, on paper, or with a trained interviewer over the phone. If they do it on paper, they will return it to you in a sealed envelope, and you will return it to the study team using a pre-paid envelope. You may need to remind families to complete it. Each family will get a total of \$15 as a thank you for completing the survey; they will receive a portion of this in the packet as an initial thank you and the remainder will be sent as a gift card to the family upon their completion of the survey. If we cannot get each family's phone number, email address, and mailing address from the consent form (included in their packet), we may ask you to give us this information for families who agree to have their information shared, so we can mail them their gift card.	
How many families with school-age children that you regularly care for will be able to complete the family survey in English?	
Are you able to give the family survey to this family/these families and remind them to complete it before [DATE]? IF ALL FAMILIES = NO: INELIGIBLE IF SOME FAMILIES = NO: We will send family surveys for the [NUMBER] families.	
[IF BEING OBSERVED: Now let's talk about the observation.]	
What language do you primarily speak when caring for children? IF NOT ENGLISH: Thank you. At this time, we're only conducting observations of providers who primarily speak English when caring for children. While you won't be observed, you can still participate in the rest of the study. SKIP REMAINING ITEMS PERTAINING TO OBSERVATIONS.	
We need to schedule the observation for a time when you care for at least 1 school-age child for at least 3 consecutive hours. What days and times do you care for school-age children? Of those days/times, do you have a preferred day of the week for us to come and conduct the observation? Are there weeks or days between DATE and DATE that you or school-agers will definitely not be available for an observation?	

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Characteristic	Response
[CONFIRM TIME ZONE] I'll [send email/call you back] to introduce you to the person who will come for the observation and confirm the date and time. The observer can also answer any questions you have about the visit. [IF ONLY AVAILABLE FOR LESS THAN 3 HOURS AT A TIME: Unfortunately, it looks like we will not be able to meet the observation requirements. While you won't be observed, you can still participate in the rest of the study. SKIP REMAINING ITEMS PERTAINING TO OBSERVATIONS.]	
Is your home address the same as your mailing address? IF NO: What is your home address so we know where to observe you caring for children?	

Great—thank you!

[IF PROVIDER SELECTED EMAIL: I will send all of this information to the study team to confirm you have been selected to participate. If you are selected to participate, you will receive an email in about a week with instructions and a link to complete the provider questionnaire.]

[IF PROVIDER SELECTED PAPER: I will send all of this information to the study team to confirm you have been selected to participate. If you are selected to participate, we will mail you the provider questionnaire with instructions for completion in about a week.]

[IF PROVIDER SELECTED PHONE: I will send all of this information to the study team to confirm you have been selected to participate. If you are selected to participate, an interviewer will call you on [DATE AND TIME] to complete the provider questionnaire with you.]

We will call you in about a week to make sure you received the family surveys packet and remind you to hand them out to families. If you have questions, I can also answer them during that call.

I will be in touch soon to confirm the day and time of the observation.

Finally, do you know any other home-based 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 and phone number?

IF PROVIDER PREFERS TO SHARE CONTACT INFORMATION LATER, SET A TIME TO FOLLOW UP WITH THE PROVIDER TO COLLECT CONTACT INFORMATION; REMIND PROVIDERS TO NOT SHARE CONTACT INFORMATION OVER EMAIL.

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 Toolkit! Would you be willing to 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? As a reminder, for privacy reasons, please do not send us any contact information by email.

(IF REFERRED BY A COMMUNITY ORGANIZATION: Other than [COMMUNITY ORGANIZATION]), are you a part of any networks or groups who we could contact to find other providers to participate in this study?

(IF NOT REFERRED BY A COMMUNITY ORGANIZATION: Are you a part of any networks or groups who we could contact to find other providers to participate in this study?

IF SELECTED, SEND CONFIRMATION EMAIL.

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

IF YOU GET VOICEMAIL:

Hello [FIRST 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 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 Study.]

If you are eligible and participate in the study, you will receive a \$70 gift card as a thank you. We will conduct this study through [DATE]. Please call me back by [DATE2] to discuss how you can take part before the study ends. I can be reached at [PHONE NUMBER].

Thanks, and have a great day!