

Pretesting Data Collection (OMB 0970-0355)

Supporting Statement Part A for OMB Approval

**Measurement Development: Quality of Family-Provider
Relationships in Early Care and Education**

February 10, 2012

A. JUSTIFICATION

The Office of Planning, Research and Evaluation (OPRE) and the Office of Head Start (OHS) of the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), are proposing a data collection activity as part of the development of a measurement tool to assess relationships between families and providers of early care and education for children aged birth to five years. The major goal of this project is to develop a measure of the quality of family-provider relationships that will be (1) applicable across multiple types of early care and education settings and diverse program structures (including Head Start); (2) sensitive across cultures associated with racial, ethnic, and socioeconomic characteristics; (3) reliable in both English and Spanish; and (4) appropriate for program evaluation. As a step in developing this measure, OPRE and OHS request permission to conduct three iterative rounds of cognitive interviews and one pilot test with parents of children aged birth through five years and with early care and education providers. The purpose of the interviews and pilot test is to help improve item wording and ensure that items are applicable to and well understood by a diverse population of providers and parents, as well as applicable to diverse child care settings.

The information collected will be used for internal purposes only and will not be released to the public.

A.1. Circumstances Making the Collection of Information Necessary

A growing literature on early care and education indicates that the family-provider relationship is an important domain in early care and education settings. Specifically, research has highlighted the value of the interactive role that families and programs play in fostering positive developmental outcomes of children in these settings (Dunst, 2002; Johnson, 2000; Mendez, 2010). In addition, positive family-provider interactions are hypothesized to be associated with improved family and parental well-being as well (AAP, 2003; Bailey et al., forthcoming; Kaczmarek et al., 2004; Trivette et al., 2010). Given these research findings and considering that about half of preschool-aged children in the United States are enrolled in at least one non-parental care arrangement (Iruka & Carver, 2006), it is important to have valid and reliable measures of family-provider relationships.

While there are a number of federal surveys that collect data on the early care and educational experiences of families and children, such as the National Survey of Early Care and Education and the National Household Education Survey, none include measures that tap into multiple dimensions of family-provider relationship quality that are applicable across diverse populations and care settings or are appropriate for use in program evaluation. The Family-Provider Relationship Quality (FPRQ) project will develop a measure to address these gaps. The new FPRQ measure will be a tool that federal, state and local government agencies can use to gather valid and reliable information about the quality of family-provider relationships as well as a tool that can be used for program evaluation.

The proposed data collection activity is the fourth step in the process of developing the FPRQ measure. First, we began with an extensive review of the literature and of extant survey measures, and developed a conceptual model of family-provider relationships to guide our work. Second, focus groups (conducted under OMB Formative Generic Clearance 0970-0356) with parents and providers were used to assess the extent to which our conceptual model matches the

perceptions and experiences of our target populations, and to help guide item development. The focus groups found that, for the most part, the FPRQ conceptual model and definitions of the elements within the model accurately reflect provider and parent perceptions of strong family-provider relationships. In particular, both parents and respondents spontaneously agreed with the elements within the attitudes, knowledge, and practices constructs in the conceptualized model and generally agreed with the environment construct after they were prompted to provide their opinions. In sum, focus groups findings confirmed the constructs in the conceptual model and helped to streamline their definitions.

Third, we conducted an extensive review of existing items, honed our definitions (with the help of the focus group findings), and revised and developed new items when necessary. Now that we have an initial set of items, we need to test how well they work using cognitive interviews and a pilot test. Specifically, the cognitive interviews and pilot test will gather information from parents of children aged birth through five years old participating in a non-parental care arrangement and from early care and education providers from various care settings including Head Start, preschool, community-based child care centers and family-based care settings. The information obtained through the cognitive interviews and pilot test will be used to revise the items before they are tested in a large field test, for which a full OMB package will be submitted.

Cognitive interviews offer an ideal vehicle for identifying problems with item wording and questionnaire design and for understanding respondents' information retrieval and response formation (Pressler et al., 2004). Cognitive interviews in this project will ensure that the items are clear, easily understood and interpreted the way they were intended. Additionally, cognitive interviews will ensure that the questions developed are applicable for a racially, ethnically and economically diverse populations and across different types of child care settings and programs as we will be able to gauge how participants from diverse groups interpret and understand the items. In addition to determining ease of comprehension, recall of information and response formation, the cognitive interviews will also identify other issues affecting the accuracy of the information collected in the surveys, such as formatting issues (e.g., skipping patterns are confusing), instructions, and flow of the survey. The pilot test will use a larger sample size than the cognitive interviews in order to examine the distribution of the items and to determine whether they behave in a manner consistent with the conceptual model. The pilot test will also allow Westat to test data collection procedures prior to conducting the large field test.

This step in the project will result in a sound and reliable measure that will tap into multiple domains of family-provider relationships that can be used across care settings serving families of various backgrounds and for program evaluation.

A.2. Purpose and Use of the Information Collection

Cognitive Interviews

Cognitive interviews will be conducted to tap into parents' and providers' understanding of items designed to measure parent-provider relationship, and their perspectives about what should or shouldn't be included in such measures.

The cognitive interviews will cover the general topics of parents' and providers' understanding of and reaction to items that measure:

- parent-provider relationship practices;
- environmental features that support quality parent-provider relationships;
- attitudes that affect parent-provider relationships; and,
- provider's knowledge that affects parent-provider relationship.

A total of three iterative rounds of cognitive interviews will be conducted with 102 English- and Spanish-speaking early care and education providers and parents of children ages birth through five years. Data collected from the cognitive interviews will be used to identify problematic items for the FPRQ measure and help develop new items if necessary. Specifically, cognitive interviews will help identify comprehension or wording issues, issues with information recall, response formation issues, and response mapping issues. Additionally, participants' reactions to and feedback to items will help guide the selection of questions that are applicable for diverse care settings and families. Data from cognitive interviews will also provide an opportunity to identify language and key terms parents and early care and education providers use to define, discuss, and think about family-provider relationships. Identifying common terms across the cognitive interviews will aid in identifying the wording of items that is applicable across care settings and families of diverse backgrounds. The survey instruments and the cognitive interview protocols for parents and ECE providers are presented in Appendices A-F.

Pilot Test

The pilot test will consist of approximately 45 directors, 90 providers/teachers, and 312 parents for a combined total of 447 respondents. As noted above, the pilot test will be used to test data collection procedures and to conduct item analyses. We will first examine item frequencies, the distribution of responses across response categories, and item missingness. The item frequencies will help us evaluate the appropriateness and adequacy of the response options. This information will be used to make improvements to item stem and response category wordings, if necessary. For example, if an item has five response options but most respondents use only two, the response categories may need to be revised or perhaps the question has a socially desirable response that inhibits the use of the full range of responses. Solutions might involve dropping the unused categories and creating new categories by more finely discriminating between the two used or simply dropping the item altogether. During the item analyses, we will also examine the correlation among the different items to determine whether they are behaving as predicted by the conceptual model. The resulting items will become the final measure, which will be field tested with a large sample drawn from six to eight regions of the United States. (A separate OMB package will be submitted for the field test.)

A.3. Use of Improved Information Technology and Burden Reduction

Whenever possible, advanced technology will be used to collect and process data to reduce respondent burden and make data processing and reporting more timely and efficient. A digital audio recorder will be used in all cognitive interviews. (Before using the audio recorder, participants' verbal consent to be audio recorded will be obtained.) To reduce participant travel burden and to get a geographically diverse sample, we will conduct at least one-third of the interviews via telephone. We will send participants via email and/or text a reminder with the

date, time and location of the cognitive interview, unless they indicate a preference to receive this information via airmail (see Appendix M).

The pilot test will use self-administered questionnaires (SAQ) to collect information from respondents (see Appendices G-L). A SAQ is an excellent format for settings where the respondent is busy and may not be able to take time to complete an interview. SAQs can be completed at a time convenient to the respondent. If the SAQs are not returned in a timely manner, field staff will prompt the respondents. During these prompts, interviewers will offer to conduct the interview over the phone.

A.4. Efforts to Identify Duplication and Use of Similar Information

Every effort has been made to determine whether similar measurement tools exist by searching various databases (e.g., national and scholarly), reviewing existing early care and education quality measures, and consulting with experts in the field. As we reviewed the extant literature, we did find family-provider relationship measures; however, none measured multiple domains of family-provider relationships nor were they applicable to diverse care settings and groups or appropriate for program evaluation. We have also consulted with experts in the early care and education field and they concur that the field lacks appropriate and psychometrically sound (i.e. socially desirable) measures that assess the quality of family-provider relationships and are flexible to diverse care settings and family backgrounds and applicable for use in program evaluation.

A.5. Impact on Small Businesses or Other Small Entities

It is possible that we will be collecting data from family-based service providers and center-based providers who could be considered small businesses/entities. To reduce the impact on these settings, we will conduct cognitive interviews on days, during times of the day (e.g., evenings and weekends), and in locations convenient to them. This will help to ensure that the participation of service providers from these settings does not conflict with their work responsibilities. Also, the impact, if any, on small businesses or other small entities will be reduced by the voluntary nature of the data collection. As noted above, the use of SAQs during the pilot tests allows respondents to complete the questionnaire at a time convenient to them.

A.6. Consequences of Collecting the Information Less Frequently

To minimize the potential burden, participants will only be asked to volunteer to participate in a single cognitive interview or in the pilot test. Less frequent data collection would only be possible by not collecting any data at all.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances requiring deviation from these guidelines. As such, this request fully complies with regulation 5 CFR 1320.5.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

The first Federal Register notice for ACF's generic clearance for information gathering was published in the Federal Register, Volume 76, page 34078 on June 10, 2011. The agency did not receive any comments in response to the Federal Register notice for the generic clearance.

The second Federal Register notice was published in the Federal Register, Volume 76, page 53682 on August 29, 2011.

The FPRQ project has benefited from consultation with many outside experts, including attendees of the "Family-Sensitive Caregiving and Family Engagement Working Meeting: Identifying and Measuring Common Concepts", a meeting that was sponsored by OPRE in June 2010, and the FPRQ Technical Work Group.

Non-federal attendees of the Family-Sensitive Caregiving and Family Engagement Working Meeting were:

- Gina Adams, Urban Institute
- Don Bailey, RTI International
- Juliet Bromer, Erikson Institute
- Concha Delgado-Gaitan, Consultant
- Carl Dunst, Smoky Mountain Research Institute
- Jay Fagan, Temple University
- Nikki Forry, Child Trends
- Anne Henderson, Consultant, Annenberg Institute for School Reform
- Lee Kreader, National Center for Children in Poverty
- Michel Lahti, University of Southern Maine
- Laurie Linscott, Michigan State University
- Tammy Mann, United Negro College Fund
- Lisa McCabe, Cornell University
- Christy McWayne, Tufts University
- Diane Paulsell, Mathematica Policy Research
- Toni Porter, Bank Street College of Education
- Eva Marie Shivers, Indigo Cultural Center
- Amy Susman-Stillman, University of Minnesota
- Bobbie Weber, Oregon State University

And the FPRQ Technical Work Group is comprised of the following experts in the fields of measurement development, family-provider relationships, and early care and education:

- Catherine Ayoub, Harvard University
- Carl Dunst, Smoky Mountain Research Institute
- Julia Henly, University of Chicago
- Judith Jerald, Save the Children
- Elena Lopez, Harvard University
- Doug Powell, Purdue University

- Lori Roggman, Utah State University
- Julia Mendez, University of North Carolina at Greensboro
- Suzanne Randolph, University of Maryland

A.9. Explanation of Any Payment or Gift to Respondents

All participants who complete a cognitive interview will be given \$50 as a token of appreciation for their participation and time spent during the interview. Child Trends has used similar incentive amounts in past studies with similar populations of parents and child care providers. For instance, parents who participated in cognitive interviews for the Redesign of the National Household Education Survey (NHES OMB Control No. is 1850-0803) received a \$60 incentive. Most recently, parents and childcare providers who participated in focus groups for this study (OMB Control number 0970-0356) received \$50 as a token of appreciation for their time and effort. Child Trends has found that this incentive amount helps to reduce overall recruitment costs and effort as well as facilitates the recruitment of hard-to-reach populations (e.g., racial/ethnic minorities, low-income parents, etc).

For the pilot test, center directors will be offered \$50 in appreciation for their participation and for letting the study recruit providers and parents from within the program. Providers and parents sampled from centers will receive \$25 each in appreciation for participating in the study. In family-based arrangements, we assume that the provider is the “director”. The family-based provider will therefore receive both the director and the provider questionnaire and will receive \$50 in appreciation for their participation. Parents in family-based programs, like those in centers, will receive \$25 in appreciation for their participation in the study. Directors are being offered higher incentives than providers or parents in appreciation for allowing study staff visit the program and recruit providers and parents.

A.10. Assurance of Privacy Provided to Respondents

As part of the consent process for the cognitive interviews, we will have participants sign a consent form acknowledging their willingness to participate in the study. On the consent form, individuals will be made aware of the extent to which their privacy will be protected as part of the study (see Appendices A-F). Specifically, participants will be assured, verbally and on consent forms, that their names will not be documented on final reports, that their responses will not be shared with others outside of the study team, and that their personally identifiable information will not be linked to their responses during the cognitive interviews. Identifiable information will only be collected prior to the start of the cognitive interview and will not be linked to data collected during the cognitive interview. In order to protect participants’ privacy, a study-specific identification code will be assigned to each participant and will be used for all study materials.

All information collected will be kept private to the fullest extent required by law. More specifically, Child Trends (the subcontractor collecting data for the cognitive interviews) will maintain the security of the data and the privacy of participants by storing electronic data (i.e., electronic computer files, audio electronic files) in a restricted access drive. Following the completion of each cognitive interview, Child Trends project staff will transfer the audio recording over to the secure drive and delete it from the portable recorder. Hard copies of

completed recruitment materials or screener interviews will be stored in locked files in locked offices at Child Trends separate from cognitive interview data files (such as transcriptions). Child Trends will also institute procedures to ensure the security of data transfer. Child Trends will immediately transfer the data onto the secure drive and delete it from the e-mail files.

In addition, Westat assumes responsibility for the security of data it collects during the pilot test. Westat has procedures for the three forms of media: electronic storage (e.g., tape, disk, CD); hard-copy storage; and electronic transfer (e.g., via telephone or Internet transmission). Efforts are directed primarily at preventing any form of data security violations, whether they result from malfunction of the computer system, environmental hazards to the facility, or accidental or intentional misuse or misappropriation of data or systems. Monitoring of these security efforts is achieved through carefully planned management practices, control procedures, and facility and equipment standards. Confidential or sensitive information is protected during transmission to and from Westat computer systems by the use of various data encryption technologies, such as Secure Socket Layer (SSL) and digital certificates and signatures that encrypt data, validate data integrity, and authenticate the parties in a transaction. Westat's internal network is a switched network that directs data flow over a limited set of specific paths, making it much harder to view or intercept data that is in transmission within the network. Westat personnel are instructed in the importance of protecting data confidentiality, and all staff are required to read and sign Westat's "Employee or Contractor's Assurance of Confidentiality of Survey Data." Data collected in hard-copy form are generally kept in locked cabinets or areas when not in use, depending on project requirements. Signs restricting access are posted at the entrances to secured data processing areas. Likewise, system-generated output containing confidential data is stored in locked areas until no longer needed and is disposed of in accordance with project requirements.

While labeled materials alert project staff to the sensitive nature of the contents, they may result in unwanted curiosity that may lead to an otherwise avoidable breach of security. Westat uses secure media storage, monitoring, and management practices to offset the need for obvious special labeling. Receipt control systems are designed to track the location of paper documents and, thus, detect any missing materials. When the materials are no longer needed, they are securely destroyed (shredded or burned or magnetically erased).

A.11. Justification for Sensitive Questions

No sensitive questions will be asked as part of this data collection.

A.12. Estimates of Annualized Burden Hours and Costs

The total annualized hours for this data collection activity is estimated to be 513.98 hours.

TABLE A.1
ESTIMATED ANNUAL RESPONSE BURDEN AND ANNUAL COST

Respondent	Respondent N	Number of responses per respondent	Average burden hours per response	Total burden hours	Average Hourly Rate	Total Annual Cost (Dollars)
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COGNITIVE INTERVIEWS						
Parent Instruments						
Ineligible	23	1	0.09	2.07	\$15.55	32.19
Eligible	36	1	2.25	81	\$15.55	1,259.55
Center Director Instruments						
Ineligible	6	1	0.08	.48	\$17.90	8.59
Eligible	11	1	2.25	24.75	\$17.90	443.03
ECE Provider Instruments						
Ineligible	31	1	0.08	2.48	\$10.07	24.97
Eligible	55	1	2.25	123.75	\$10.07	1,246.16
TOTAL COGNITIVE INTERVIEWS	162	1		234.53		3,014.49
PILOT TESTS						
Parent Instruments						
Ineligible	600	1	0.08	48.0	\$15.55	746.40
Eligible	312	1	0.50	156.0	\$15.55	2,425.80
Center Director Instruments						
Ineligible	90	1	0.08	7.2	\$17.90	128.88
Eligible	45	1	0.25	11.25	\$17.90	201.38
ECE Provider Instruments						
Ineligible	150	1	0.08	12.00	\$10.07	120.84
Eligible	90	1	0.50	45.0	\$10.07	453.15
TOTAL PILOT	1,287	1		279.45		4,076.45
TOTAL OVERALL	1,449	1		513.98		7,090.94

*Note: We will use a recruitment matrix that includes quotas (the maximum number of participants with particular characteristics that we will accept into the sample). Once quotas are filled, no more volunteers with characteristics of the filled quota will be accepted. This strategy will ensure sample diversity and will help us narrow the field of volunteers.

Estimates of Annualized Costs. There is an estimated annualized burden to respondents of \$7,090.94.

For parent respondents, an average hourly salary of approximately \$15.55 is assumed based on the Bureau of Labor Statistics (BLS) estimates for median hourly wages for high school graduates. BLS estimates were also used to estimate the hourly wages for program directors (\$17.90) and child care workers (\$10.07).

There will be no direct cost to the respondents other than their time to participate in the study.

A.13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There will be no capital, operating, or maintenance costs to the respondents.

A.14. Annualized Cost to Federal Government

The total and annualized cost to the federal government for these data collection activities under the terms of the contract to develop a measure to assess family-provider relationships is estimated to be \$460,331. This figure includes direct and indirect costs and fees.

A.15. Explanations for Program Changes or Adjustments

Focus groups related to this study were previously approved under OMB Control No. 0970-0356. This OMB package is for the next steps (cognitive interviews and pilot test) of the FPRQ project. As stated previously, the purpose of the FPRQ project is to develop a measure of the quality of family-provider relationships that will be (1) applicable across multiple types of early care and education settings and diverse program structures (including Head Start); (2) sensitive across cultures associated with racial, ethnic, and socioeconomic characteristics; and (3) appropriate for use as a program evaluation tool.

A.16. Plans for Tabulation and Publication and Project Time Schedule

Given the nature of the data collected, the analysis of the cognitive interviews will not be conducted using descriptive statistics. Instead, a summary document will be prepared for the agency's internal use. For the pilot tests, item analyses will be conducted, and summary tables of results will be included in a report for the agency. All information collected is for internal use only and will solely be used to inform the development of the new measure of family-provider relationship quality.

All contacts with potential participants for the purpose of collecting data for the cognitive interviews will occur between March and September of 2012 (see Table A.2). Child Trends will recruit participants from different communities, programs and child care centers in the Washington, DC metropolitan area and across other large metropolitan areas and rural areas in the United States. Approximately six to eight weeks will be allotted for recruitment and data collection in each round. Two weeks in between rounds will be used for conducting data collection debriefing meetings, data analysis, and edits to the instruments as needed based on the findings from the cognitive interviews. Given this timeline, recruitment efforts for Round 1 are scheduled to begin in March. We can expect to conduct our first cognitive interview for Round 1 within a few days of commencing recruitment. Data collection for Round 1 will be completed in April to early-May. Round 2 data collection is then set to begin in mid-to late May and will be completed in July. Finally, Round 3 data collection will begin in mid-to late July and will be completed in September.

All contacts with potential participants for the pilot tests will occur in Fall 2012 (See Table A.2). If the cognitive interviews get started later than March 2012, data collection for the pilot test could continue into January 2013. Westat will recruit participants from two cities (Seattle, WA, and Atlanta, GA) identified through consultation with OPRE and Office of Head Start staff and the Technical Work Group.

TABLE A.2

Activity	Timeline		
COGNITIVE INTERVIEWS			
Round 1	Commencement*	Duration	Completion*
Recruitment and Data Collection	March 2012	(6-8 weeks)	April or early May 2012
Debriefing Meetings and Data Analysis	April or early May 2012	(2 weeks)	Mid-to late May 2012
Round 2	Commencement*	Duration	Completion*
Recruitment and Data Collection	Mid-to late May 2012	(6-8 weeks)	July 2012
Debriefing Meetings and Data Analysis	July 2012	(2 weeks)	Mid-to late July 2012
Round 3	Commencement*	Duration	Completion*
Recruitment and Data Collection	Mid-to late July 2012	(6-8 weeks)	September 2012
Debriefing Meetings and Data Analysis	September 2012	(2 weeks)	October 2012
PILOT TEST	Commencement*	Duration	Completion*
Recruitment and Data Collection	September-December 2012	1-2 months (including follow-up)	December 2012
Debriefing Meetings and Data Analysis	November-December 2012	1 month	December-January 2013

*Please note these dates are approximate

There are no plans for tabulating and publishing the information gathered from this pretest process. The information that is collected will be for internal use only; however, information might be included as a methodological appendix or footnote in a report containing data from a larger data collection effort.

A.17. Display of Expiration Date for OMB Approval

The OMB number and expiration date will be displayed at the top of the first page of the consent form that will be given to each participant in the cognitive interviews, and on the cover page of the SAQ used in the pilot test. We will read the consent form along with the OMB number and expiration date at the start of each cognitive interview participant.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are necessary for this data collection.

References

- American Academy of Pediatrics (2003). Family-centered care and the pediatrician's role. *Pediatrics*, 112(3), 691-696.
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- Kaczmarek, L. A., Goldstein, H., Florey, J. D., Carter, A., & Cannon, S. (2004). Supporting families: A preschool model. *Topics in Early Childhood Special Education*, 24(4), 213-226.
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- Trivette, C. M., Dunst, C. J., & Hamby, D. W. (2010). Influences of family-systems intervention practices on parent-child interactions and child development. *Topics in Early Childhood Special Education*, 30(1), 3-19.

Appendices

- Appendix A: FPRQ Cognitive Interview Instruments for Ineligible Parents
- Appendix B: FPRQ Cognitive Interview Instruments for Eligible Parents
- Appendix C: FPRQ Cognitive Interview Instruments for Ineligible Center Directors
- Appendix D: FPRQ Cognitive Interview Instruments for Eligible Center Directors
- Appendix E: FPRQ Cognitive Interview Instruments for Ineligible ECE Providers
- Appendix F: FPRQ Cognitive Interview Instruments for Eligible ECE Providers

- Appendix G: FPRQ Pilot Test Instruments for Ineligible Parents
- Appendix H: FPRQ Pilot Test Instruments for Eligible Parents
- Appendix I: FPRQ Pilot Test Instruments for Ineligible Center Directors
- Appendix J: FPRQ Pilot Test Instruments for Eligible Center Directors
- Appendix K: FPRQ Pilot Test Instruments for Ineligible ECE Providers
- Appendix L: FPRQ Pilot Test Instruments for Eligible ECE Providers

- Appendix M: Email/Text message reminder of interview