

ATTACHMENT M  
SUPPLEMENTAL MATERIALS FOR THE  
PARTNERSHIP GRANTEE AND DELEGATE AGENCY DIRECTOR SURVEY

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PARTNERSHIP GRANTEE AND DELEGATE AGENCY DIRECTOR SURVEY  
INVITATION

ADVANCE EMAIL

**Format: Email****Subject: Invitation from ACF to participate in the Partnership Grantee Director Web-based Survey**

Dear [FIRST NAME] [LAST NAME],

Mathematica Policy Research is conducting a web-based survey of all partnership grantee and delegate agency directors as part of the Study of Early Head Start-Child Care Partnerships. This study is funded by the Office of Planning, Research and Evaluation (OPRE) within the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services. The survey will collect information about you and your agency; the child care providers your agency is partnering with; and the activities you and your partners engage in to develop partnerships, improve the quality of services, and deliver services to children and families.

You have been identified to participate in the survey because of your role as an Early Head Start-child care partnership grantee director. Participation is voluntary; however, your input will provide ACF with important information about the national landscape of Early Head Start-child care partnerships, including information about the experiences of grantees participating in these partnerships. Your responses will be kept private and used only for research purposes. They will be combined with the responses of other partnership grantees and no individual names will be reported.

Please access the web survey by clicking this link [URL]. You can also type the URL directly into your browser. To begin the survey, you will need to enter your unique login information:

Username: [USERNAME]

Password: [PASSWORD]

You will receive a \$20 gift card as a thank-you for participating in the survey. The survey will take approximately 60 minutes to complete. You may save your responses and return to finish the survey at a later time. The survey asks for specific information about the child care partners participating in your partnership (including the names and contact information of the partnering organizations and the number of slots funded through the partnership), so please have that information on hand while filling out the survey.

Please feel free to reach out to the study team at [EMAIL] of [TELEPHONE] if you have any questions or need assistance.

***On behalf of our study team and ACF, thank you for your participation!***

Sincerely,  
[NAME]

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**MATHEMATICA**  
**Policy Research**

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The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to learn about the characteristics and implementation of Early Head Start-child care partnerships. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-[XXXX]).

**PARTNERSHIP GRANTEE AND DELEGATE AGENCY DIRECTOR SURVEY  
REMINDER EMAIL 1****Format: Email****Subject: Reminder from ACF to complete the Partnership Grantee Director Web-based Survey**

Dear [FIRST NAME] [LAST NAME],

This is a friendly reminder to log in and complete the web-based survey of partnership grantee and delegate agency directors for the Study of Early Head Start-Child Care Partnerships. This study is funded by the Office of Planning, Research and Evaluation (OPRE) within the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services. Participation is voluntary; however, your input will provide ACF with important information about the national landscape of Early Head Start-child care partnerships, including information about the experiences of grantees participating in these partnerships.

Please access the web survey by clicking this link [URL]. You can also type the URL directly into your browser. To begin the survey, you will need to enter your unique login information:

Username: [USERNAME]

Password: [PASSWORD]

The survey will take approximately 60 minutes to complete, and we will send you a \$20 gift card as a thank-you for participating in the survey. You may save your responses and return to finish the survey at a later time. We will be asking for specific information about the child care partners participating in your partnership, so please have information about your partners on hand while filling out the survey. If you have questions or need assistance, please contact the study team at [EMAIL] or [TELEPHONE].

***On behalf of our study team and ACF, thank you for your participation!***

Sincerely,  
[NAME]

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**MATHEMATICA**  
**Policy Research**

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**PARTNERSHIP GRANTEE AND DELEGATE AGENCY DIRECTOR SURVEY  
EMAIL 2-5****REMINDER****Format: Email****Subject: Reminder from ACF to complete the Partnership Grantee Director Web-based Survey**

Dear [FIRST NAME] [LAST NAME],

This is a friendly reminder to log in and complete the web-based survey of partnership grantee and delegate agency directors for the Study of Early Head Start-Child Care Partnerships, funded by the Office of Planning, Research and Evaluation (OPRE) within the U.S. Department of Health and Human Services in the Administration for Children and Families (ACF). Your participation is critical to creating a comprehensive understanding of the national landscape of Early Head Start-child care partnerships.

Please access the web survey by clicking on [URL] (or typing it into your browser) and entering your login information:

Username: [USERNAME]

Password: [PASSWORD]

As a reminder, we will be asking for specific information about the child care partners participating in your partnership, so please have information about your partners available before starting the survey. If you have questions or need assistance, please contact the study team at [EMAIL] or [TELEPHONE].

***On behalf of our study team and ACF, thank you for your participation!***

Sincerely,  
[NAME]

**MATHEMATICA**  
**Policy Research**

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**PARTNERSHIP GRANTEE AND DELEGATE AGENCY DIRECTOR SURVEY  
FINAL REMINDER EMAIL**

**Format: Email**

**Subject: Final reminder from ACF to complete the Partnership Grantee Director Web-based Survey**

Dear [FIRST NAME] [LAST NAME],

***This is the final week to complete the web-based survey of partnership grantee and delegate agency directors.***

As of yesterday afternoon, our records indicate that you have [not yet started the survey/started the survey but not yet completed it].

Your insights are critical to creating a comprehensive understanding of the national landscape of Early Head Start-child care partnerships. **Please don't pass up this chance to help us learn about the characteristics and features of your partnership. Your opinions and perspectives cannot be replaced!**

Please access the survey today at [URL]. Your login information is:

Username: [USERNAME]

Password: [PASSWORD]

If you have questions or need assistance, please contact the study team at [EMAIL] or [TELEPHONE].

***On behalf of our study team and ACF, thank you for your participation!***

Sincerely,  
[NAME]

**MATHEMATICA**  
**Policy Research**

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**PARTNERSHIP GRANTEE AND DELEGATE AGENCY DIRECTOR SURVEY  
REMINDER CALL SCRIPT**

Hello my name is [insert name] and I am calling from Mathematica Policy Research to remind you to complete the web-based survey of partnership grantee and delegate agency directors. This survey is part of a larger study funded by the Office of Planning, Research and Evaluation within the Administration for Children and Families, U.S. Department of Health and Human Services. The survey will collect information about you and your agency; the child care providers your agency is partnering with; and the activities you and your partners engage in to develop partnerships, improve the quality of services, and deliver services to children and families.

The link to complete the survey, as well as your unique username and password information, can be found in the body of the email sent on [insert date of most recent email]. If you have trouble locating the email, we would be happy to resend it. We will be asking for specific information about the child care partners participating in your partnership (including the names and contact information of the partnering organizations and the number of slots funded through the partnership), so please have information about your partners available before starting the survey.

The survey will take approximately 60 minutes to complete, and you can choose to not answer a question if you wish. If you are unsure of how to answer a question, please give the best answer you can rather than leaving it blank. Your responses will be kept private and used only for research purposes. They will be combined with the responses of other child care providers and no individual names will be reported.

Participation in this survey is voluntary. 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-XXXX and the expiration date is XX/XX/XXXX.

If you have any questions or need assistance, feel free to reach out to the study team at [insert phone number].

[IF GRANTEE DIRECTOR EXPRESSES CONCERNS ABOUT COMPLETING THE SURVEY: If you would prefer, we can complete the survey with you by telephone, either now or at a time more convenient for you.]

Thank you for your time and participation.

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**PARTNERSHIP GRANTEE AND DELEGATE AGENCY DIRECTOR THANK YOU LETTER**

Dear [FIRST NAME] [LAST NAME],

On behalf of our study team and the Administration for Children and Families, we want to thank you for your participation in the survey. Your response will play a key role in creating a comprehensive understanding of the national landscape of Early Head Start-child care partnerships.

Included you will find a \$20 gift card, to thank you for your participation.

If you have questions or concerns, please contact the study team at [EMAIL] or [TELEPHONE].

Sincerely,

[NAME]

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