

ATTACHMENT P

SUPPLEMENTAL MATERIALS FOR PARTNERSHIP GRANTEE DIRECTOR
AND CHILD CARE PARTNER QUESTIONNAIRES

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PARTNERSHIP GRANTEE DIRECTOR QUESTIONNAIRE REMINDER CALL SCRIPT

Hello my name is [insert name] and I am calling from Mathematica Policy Research to remind you to complete and return the questionnaires that you received during our recent site visit. These questionnaires are part of a larger study funded by the Office of Research, Planning and Evaluation within the Administration for Children and Families in the U.S. Department of Health and Human Services.

As a reminder, we asked that you complete one questionnaire about each child care provider your agency partners with to provide services to children and families. Each questionnaire should take about 8 minutes to complete. The questionnaire focuses on your relationship with your child care partner, including the activities you engage in to develop and maintain the partnership and improve the quality of services. Once you complete all the questionnaires, please send them back to us in the pre-addressed, stamped envelope we included in your packet of materials.

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.

Your thoughtful feedback is essential in ensuring the success of this study. Please return the completed questionnaires by [INSERT DATE] at the latest. Feel free to reach out to the study team at [EMAIL] or [TELEPHONE] if you have any questions or need assistance.

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

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]).

CHILD CARE PARTNER QUESTIONNAIRE REMINDER EMAIL 1

Format: Email**Subject: Reminder from ACF to complete the Child Care Partner Questionnaire**

Dear [FIRST NAME] [LAST NAME],

I am writing on behalf of Mathematica Policy Research to remind you to complete and return the child care partner questionnaire that you recently received by mail. This questionnaire is part of a larger study funded by the Office of Research, Planning and Evaluation within the Administration for Children and Families in the U.S. Department of Health and Human Services.

The child care partner questionnaire provides the study team with essential information regarding the relationship between you and [GRANTEE], as well as information about the characteristics of the partnership. The questionnaire will take approximately 20 minutes to complete, and we will send you a \$20 gift card as a thank-you for participating.

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.

Once you complete the questionnaire, please send it back to us in the pre-addressed, stamped envelope we included in your packet of materials. If you did not receive or have misplaced the copy we sent you, please reach out to the study team at [EMAIL] or [TELEPHONE]. We are also available by telephone if you have any questions or need assistance.

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

Sincerely,
[NAME]

MATHEMATICA
Policy Research

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CHILD CARE PARTNER QUESTIONNAIRE FINAL REMINDER EMAIL

Format: Email**Subject: Reminder from ACF to complete the Child Care Partner Questionnaire**

Dear [FIRST NAME] [LAST NAME],

This is the final week to complete and return the child care partner questionnaire. If you have already mailed your completed questionnaire back to us, thank you for your participation.

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. The questionnaire will take approximately 20 minutes to complete, and we will send you a \$20 gift card as a thank-you for participating.

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.

Once you complete the questionnaire, please send it back to us in the pre-addressed, stamped envelope we included in your packet of materials. If you did not receive or have misplaced the copy we sent you, please reach out to the study team at [EMAIL] of [TELEPHONE]. We are also available by telephone if you have any questions or need assistance.

On behalf of our study team and the Administration for Children and Families, thank you for your participation!

MATHEMATICA
Policy Research

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CHILD CARE PARTNER QUESTIONNAIRE REMINDER CALL SCRIPT

Hello my name is [insert name] and I am calling from Mathematica Policy Research to remind you to complete and return the child care partner questionnaire that you received by mail on [DATE]. This questionnaire is part of a larger study funded by the Office of Research, Planning and Evaluation within the Administration for Children and Families in the U.S. Department of Health and Human Services.

The topics covered in the questionnaire focus on the relationship between you and [GRANTEE] and on the characteristics of the partnership. The questionnaire will take about 20 minutes to complete, and we will send you a \$20 gift card as a thank-you for participating. Once you complete the questionnaire, please send it back to us in the pre-addressed, stamped envelope we included in your packet of materials.

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.

Your thoughtful feedback is essential to the success of this study. 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 the ACF, thank you for your participation!

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**CHILD CARE PARTNER QUESTIONNAIRE 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 study. 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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