



Attachment B.5

BASELINE PARENT/GUARDIAN INFORMATION FORM AND RELATED MATERIALS

The purpose of the Baseline Parent/Guardian Information Form is to collect information on children and their parent/guardian's demographics and background that: 1) will help us describe our sample; and 2) that are theorized to moderate the impacts of the interventions, or the effects of quality on child outcomes, as indicated in the VIQI conceptual model. This attachment includes the following: (a) communication to parents regarding the forms; (b) the parent/guardian informed consent form; and (c) the parent/guardian information form.

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Communication to Participants Regarding Consent Form and Information Form

Overview: Parent Consent Form Packets will be mailed to study liaisons for distribution to parents/guardians in participating classrooms. The packets will include a cover letter, consent form, and the parent/guardian information form.

COVER LETTER

The following items will be addressed in the cover letter to parents/guardians regarding the consent form and information form administered at baseline:

- Welcome to the study
- Brief study background and a brief description of the survey [including participation as voluntary; information will be kept private; how long it will take to complete (12 minutes)]
- Description of how to return the consent form and survey [seal consent form in one envelope and information form in another; mail both via the pre-paid envelope provided or return sealed envelopes to study liaison at the center]
- If applicable: A link to an online version of the consent form and information form [Parents may choose to complete the consent and information form online rather than on paper.]
- Deadline for submission
- Toll-free number or study email address for technical issues or questions about the survey

THANK YOU LETTER

Parents/guardians who submit an information form will receive a thank you letter. The note will thank them for their time and encourage future participation. The following items will be addressed in thank you notes:

- Thank you for participation
- Study importance
- Reminder about future data collections



Agreement to Take Part in VIQI

Dear Parent or Legal Guardian,

Fall [YEAR]

This year, your child's early care and education center is part of an important national study called Variations in Implementation of Quality Interventions (VIQI). This study is being done to learn about children's experiences in early care and education across the country. It will show how centers like yours can best support young children's learning and growth. **We would like to ask you and your child to take part in VIQI.**

What does it mean to be in the VIQI study?

If you agree to participate, we will ask you to do the following:

- **Allow your child to play some games, like naming pictures, counting objects, sorting cards, or playing head-toes-knees-and-shoulders, with someone from the study team.** We may ask your child to play games up to twice this year. The games will take place during the day at your child's center and may take 30 - 60 minutes to play each time. Your child will get stickers as a thank you for playing the games.
- **Allow your child's center to tell us how your child is doing.** We will ask the center to tell us about your child and the services he/she receives, like scores from screenings or assessments the center uses to track what children know, daily attendance at the center, and special education or other services your child might receive. We may also ask your child's teacher questions about how your child is doing.
- **Allow us to ask a few questions about you and your child.** On the enclosed parent/guardian information form, we ask some questions about your and your child's background (for example, your education and family income, your child's birthdate, and whether your child speaks another language at home).
- **Allow us to get information about how your child is doing after this year.** In the future, someone from the study team may come to your child's school to ask your child to play some games to see what they are learning and how they are doing. We may ask your child's future teachers some questions about your child, as well. Other information collected might include your child's elementary school records, like report cards, screening and test scores, attendance records, behavioral reports, or receipt of special education and other government-funded services.

Is this study voluntary?

You can choose to be in this study or not. If you decide not to be in the study, your decision will not affect your child's spot in his/her center. If you agree to be in this study now, you or your child may stop participating at any time.

What are the benefits and risks for being in the VIQI study?

By taking part in this study, you and your child will provide information that may help to improve early childhood and education programming in the future. There are no direct benefits to you. There are very few risks for being in this study. Some of the questions on the parent/guardian information form may involve

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sensitive topics and may be stressful to answer. The study team follows strict rules to protect your and your child's information. However, there is a small risk that information you or your child shares may be seen outside of the study team, even though we take great care to protect it.

How will my and my child's information be protected?

The study team follows strict rules to protect your and your child's information. All paper data will be kept locked up, and any information on a computer will be password-protected. No reports will include your name, your child's name, or other identifying information. Any information you or your child shares with the study team may be combined with other data collected as part of this study. The information collected will not be used to evaluate you, your child, his/her teacher, or your center. However, if answers that you, your child, or someone else share would put someone in serious danger, we will have to tell the appropriate agencies to protect the person.

At the end of the study, the information collected from you and your child will be de-identified. This process will make it difficult for non-research team members to link any data or information to your or your child's name. These de-identified data will be stored in a secure location and will be made available to other researchers under strict security. If the study is extended, only the study team or other researchers who agree to the same strict security requirements described here will have access to your data or information.

This study has a Certificate of Confidentiality from the U.S. Department of Health and Human Services. This certificate states that we do not have to identify you or your child even under a court order or subpoena. We will use the Certificate to resist any demands for information that would identify you.

Do you have any questions? Please ask!

If you have any questions about your child's participation in this project, please call or email [ADD STUDY CONTACT INFO]. This study is being conducted by a team of staff from MDRC, Abt Associates, Frank Porter Graham Child Development Institute and MEF Associates.

Please complete the next page and send it back to us. We'll be in touch very soon!

Thank you,

Dr. JoAnn Hsueh
Principal Investigator of the VIQI project

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Please check "yes" or "no" below to tell us if you agree to allow your child to be in this study, and sign this form where it says "Signature." **If you do agree** for your child to participate, please provide some information about your child. Please complete this page and mail it back in the envelope provided.

We hope you will allow your child to take part in this important effort!

Please fill out the following information.

I, _____, understand the nature of this study and
(print your name)
agree to allow my child, _____, to participate in this
(print your child's name)
study. I understand that I or my child is free to stop participating in any study activities at any time.

Check one:

- Yes, I allow my child to take part in the study
- No, I do not want my child to take part in the study

What is your child's name?

Child's first name:

Child's last name:

Please sign here:

Signature: _____

Today's date:

M	M	/	D	D	/	Y	Y	Y
---	---	---	---	---	---	---	---	---

Cell phone number:

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Home phone number:

Your email address:

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Parent/Guardian Information Form**PLEASE RETURN BY MAIL AS INSTRUCTED ABOVE**

Please fill out this form about your child and you. This will be used to contact you about your child's participation in the research.

YOUR CHILD

Child First Name:		Child Last Name:												
Child's Ethnicity:		Child's Sex:	Child's Date of Birth:					Does your child speak & understand English?						
<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino		<input type="radio"/> Male <input type="radio"/> Female	M	M	/	D	D	/	Y	Y	Y	Y	<input type="radio"/> Yes <input type="radio"/> No	
Child's Race: SELECT ONE OR MORE			What language(s) are spoken at home? CHECK ALL THAT APPLY					Of those language(s) selected, which is the primary language spoken at home? SELECT ONE						
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> [Language] <input type="checkbox"/> [Language] <input type="checkbox"/> Other					<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> [Language] <input type="radio"/> [Language] <input type="radio"/> Other						
Does your child have an Individualized Education Program (IEP) for special education and/or related services?						Does your child attend this early care and education center on a full time basis (i.e., about 6 hours a day, 5 days per week)?								
<input type="radio"/> Yes <input type="radio"/> No						<input type="radio"/> Yes <input type="radio"/> No								

Which of the following is true for your child at this early care and education center?

CHECK ALL THAT APPLY

- I receive free, reduced-cost, or subsidized child care for my child from [NAME OF AGENCY IN LOCALITY].
- I receive free, reduced-cost, or subsidized child care for my child from Head Start.
- I receive free, reduced-cost, or subsidized child care for my child from public Pre-K.
- I receive free, reduced-cost, or subsidized child care for my child from a scholarship or other type of tuition help.
- I pay the full cost for my child to attend this center.

YOU AND YOUR HOUSEHOLD

Your First Name:		Your Last Name:									
Your Email Address:											
<input type="text"/> . <input type="text"/>											
Your Mailing Address:						Highest grade of school you completed:			Your relationship to the child:		
ADDRESS (LINE 1)						<input type="radio"/> Less than 12 th grade <input type="radio"/> GED <input type="radio"/> High school diploma <input type="radio"/> Some college <input type="radio"/> Associate degree <input type="radio"/> Bachelor's degree <input type="radio"/> Some graduate school <input type="radio"/> Graduate degree <input type="radio"/> Other			<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother/Grandfather <input type="radio"/> Aunt/Uncle <input type="radio"/> Stepmother/Stepfather <input type="radio"/> Foster Parent <input type="radio"/> Other		
ADDRESS (LINE 2 - APARTMENT NUMBER, FLOOR, UNIT, P.O. BOX)											
CITY											
STATE			ZIP CODE								
<input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
The year you were born:											
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											

Your Phone Number: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>				A Neighbor or Relative's Phone Number (in case you move): (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			
Your household's total yearly income, before taxes. Include your own earnings and income from others living in your household:							
<input type="radio"/> \$0	<input type="radio"/> \$35,000 to \$44,999	<input type="radio"/> \$75,000 to \$84,999	<input type="radio"/> \$150,000 to \$174,999				
<input type="radio"/> \$1 to \$14,999	<input type="radio"/> \$45,000 to \$54,999	<input type="radio"/> \$85,000 to \$94,999	<input type="radio"/> \$175,000 to \$199,999				
<input type="radio"/> \$15,000 to \$24,999	<input type="radio"/> \$55,000 to \$64,999	<input type="radio"/> \$95,000 to \$99,999	<input type="radio"/> \$200,000 to \$249,999				
<input type="radio"/> \$25,000 to \$34,999	<input type="radio"/> \$65,000 to \$74,999	<input type="radio"/> \$100,000 to \$124,999	<input type="radio"/> \$250,000 or over				
		<input type="radio"/> \$125,000 to \$149,999	<input type="radio"/> Don't know				
How many people live in your household, including yourself?		<input type="radio"/> 1	<input type="radio"/> 4	<input type="radio"/> 7	In your household, how many people are under the age of 18?		
		<input type="radio"/> 2	<input type="radio"/> 5	<input type="radio"/> 8	<input type="radio"/> 1	<input type="radio"/> 4	<input type="radio"/> 7
		<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 9+	<input type="radio"/> 2	<input type="radio"/> 5	<input type="radio"/> 8
					<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 9+

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