

Appendix T: Survey Respondent Thank You and Phone Interview Invitation, Word Version

Hello [insert name of respondent], my name is [Name]. I'm from CNA, a research firm located in Arlington, VA. Thank you for completing the survey that you received from the U.S. Department of Health and Human Services' Administration for Children and Families (ACF) on the implementation of the background ground checks requirements for child care workers mandated by the Child Care and Development Block Grant Act of 2014.

As you know from the ACF email informing you about the survey you completed, the CCDBG Act requires that state and territory child care agencies conduct comprehensive background checks of child care staff that include a search of state and territory criminal histories, sex offender registries, and child abuse and neglect registries in each state (or territory) where the child care staff member resided in the previous 5 years. In response to difficulties states and territories have encountered implementing these interstate background checks, the Office of Planning, Research, and Evaluation and the Office of Child Care within ACF commissioned this study on implementation challenges and possible solutions. They want to know how ACF can help support states and territories in their implementation efforts.

To inform this effort, we are conducting interviews with all survey respondents about background check processes in all 56 states and territories. The interview will take no more than [time estimated for survey respondent interviews] to complete. It's important to note that the sole purpose of the interviews is to gather data to inform how the ACF can better support state and territory agencies in their implementation of the interstate background check requirements. I would like to emphasize that the information that you provide will *not* be used for punitive or compliance-related decisions or actions. This interview is completely voluntary and individual responses will not be attributed to you. Information collected will be kept private to the extent permitted by law. Responses may be combined and shared in aggregate at the state level with ACF to inform technical assistance resources.

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 information collection is 0970-0356 and the expiration date is 06/30/2021.

Would you be able to identify [time estimated for survey respondent interviews] in the next few weeks that would be convenient for you?

[If yes]: We would like to conduct the interview within the next week if possible, but we can accommodate your availability. What dates and times might work best for you?

We'll send you an email confirming the date and time and include the questions that we want to discuss with you.

[If no]: Is there someone else at your agency who might be able to discuss these issues with us?

[If yes]: Great, could you provide us with their e-mail address and phone number?

One of my colleagues will be following up with you via email within the next 24 hours with a call number and a copy of the interview questions. Please call me at (XXX.XXX.XXX) or email me at (name@cna.org) if you have any questions or concerns.

Thank you for your help with this study. We appreciate your time.