

Consent Form – Program and Partner Staff Interviews Coparenting and Healthy Relationship and Marriage Education for Dads (CHaRMED)

Child Trends is an independent research organization that is funded by the Administration for Children and Families in the U.S. Department of Health and Human Services to conduct a research study. The purpose of the study is to understand how fatherhood programs support and can better support fathers' healthy coparenting and romantic relationships. We are interviewing program directors and facilitators, as well as staff from partnering organizations. This form has information to help you decide if you want to take part in the study.

Approved on XX/XX/2020
Approved on XX/XX/2020
Valid until XX/XX/2021
Valid until XX/XX/2021

your experiences providing services to fathers and families in fatherhood programs. Our goal is to better understand how fatherhood

programs promote healthy coparenting and romantic relationships.

- 2. PROCEDURES: We would like to interview you for about 90 minutes. During the interview, we will ask you about how your organization supports and promotes healthy coparenting and romantic relationships among fatherhood program participants. The topics covered in the interview include understanding your perspectives on healthy romantic relationship and coparenting services, and how these services might be improved.
- 3. RISKS AND/OR DISCOMFORTS: Risks associated with participation include potential loss of privacy. To protect your or your organization's privacy, your name or your organization's name will not be used in reports without your permission. Some questions may make you uncomfortable. If we come to a question you do not wish to answer, you can let the interviewer know and they will move on to the next question.
- **4. <u>VOLUNTARY PARTICIPATION:</u>** This interview is voluntary and will be used to better understand fatherhood programs. You can choose to stop the interview at any time. There is no penalty or loss of benefits for not participating or withdrawing.
- **5. PRIVACY**: All information will be kept private to the extent permitted by law. The

interview will be audio-recorded, if you agree to it. All responses will be stored securely, and no one outside the study team will have access to the information you shearticiping the _____ interview. Your information at interview were bettered ____ for any future research. Reports will describe findings in general terms on will describe without your permission. Your organization's participation will not affect your current or future funding. Your participation will not affect your employment.

- **6. COSTS AND BENEFITS:** There are no costs associated with the study other than the time you spend completing the interview. You will not benefit personally from being involved in the study.
- 7. QUESTIONS: If you have any comments or concerns about participating in this study, you can contact Mindy Scott, Study Director, at 240-223-9324. You may also contact the Child Trends Institutional Review Board by calling 1-855-288-3506, by emailing irbparticipant@childtrends.org or by writing to 7315 Wisconsin Avenue Suite 1200W Bethesda, MD 20814.
- **8. VERBAL CONSENT:** We would like to audio record our discussion so that we can make sure we do not miss anything you say. We will destroy all recordings within two years of completing the study. You can still be part of the study even if you do not want to be recorded. Do you agree to participate? Do you agree to be audio recorded?



NOTE: The Paperwork Reduction Act Statement: The described collection of information is voluntary and will be used to better understand the services fatherhood programs provide around healthy coparenting and romantic relationships. Public reporting burden for the described collection is estimated to average 120 minutes, including 90 minutes of time for the interview and 30 minutes for scheduling and coordination. 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 control number for the described collection is 0970-XXXX and it expires on XX/XX/2021.

IRB # XXXX

Approved on: XX/XX/2020 Valid until: XX/XX/2021

| Participant ID: |
|---------------------------|
| Interviewer Initials: |
| OMB Control No.:0970-XXXX |

OMB Control No.:0970-XXXX Expiration Date: X/XX/2021



Consent Form - Nonparticipating Fathers Interviews Coparenting and Healthy Relationship and Marriage Education for Dads (CHaRMED)

Child Trends is an independent research organization that is funded by the Administration for Children and Families in the U.S. Department of Health and Human Services to conduct a research study. The purpose of the study is to understand how fatherhood programs support and can better support fathers' healthy coparenting and romantic relationships. This form has information to help you decide if you want to take part in an interview for this study.

what keeps fathers from participating. We also

want to know how fatherhood programs could be IRB # XXXX.

Approved on: XX/XX/2020

Validaur tik & X/X W 2025: We would like to interview you for about 60 minutes. We will discuss things like your experiences as a father and with the fatherhood program. We will ask you what could have improved your experiences with the fatherhood program. At the end of the interview, we would like you to fill out a brief questionnaire about yourself that will take no more than 15 minutes.

- **3. RISKS AND/OR DISCOMFORTS:** The main risk of being interviewed is loss of privacy. To protect your privacy, your name will not be used in any reports. Some questions may make you uncomfortable. You do not have to answer any questions you do not want to answer.
- 4. VOLUNTARY PARTICIPATION: This interview is voluntary. You can choose to stop the interview at any time. There is no penalty for not participating or for stopping the interview. Your participation in this interview will not affect any services you receive at [FATHERHOOD PROGRAM] or any other program. You will receive a \$30 gift card to thank you for participating in this interview.
- **5. PRIVACY**: Your information will be kept private to the extent possible. The interview will be

We have a Certificate of Confidentiality from the National Institutes of Health. This means that we do not have to give out identifying information about you even if we are asked to by a court of law. However, even with the Certificate of Confidentiality, we would still have to release information in some situations required by law, such as if we learn of child active and register; or harm to yourself or others.

OMB Control No.:0970-XXXX

- 6. COSTS AND BENEFITS piration Plate: W/XX/2021 associated with the study other than the time you spend in the interview. You will not benefit personally from being involved in the study.
- 7. QUESTIONS: If you have any concerns about participating in this study, you can contact the Study Director, Mindy Scott. Her phone number is 240-223-9324. You may also contact the Child Trends Institutional Review Board. Their phone number is 1-855-288-3506. Their email is irbparticipant@childtrends.org. To write to them, their address is 7315 Wisconsin Avenue Suite 1200W Bethesda, MD 20814.

8. VERBAL CONSENT:

We would like to audio record our discussion so that we can make sure we do not miss anything you say. We will destroy all recordings within two years of completing the study. You can still be part of the study even if you do not want to be recorded. Do you agree to participate? Do you agree to be audio recorded?



NOTE: The Paperwork Reduction Act Statement: The described collection of information is voluntary and will be used to better understand the services fatherhood programs provide around healthy coparenting and romantic relationships. Public reporting burden for the described collection is estimated to average 105 minutes, including 60 minutes of time for the interview, 15 minutes to complete the brief questionnaire, and 30 minutes for scheduling and coordination. 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 control number for the described collection is 0970-XXXX and it expires on XX/XX/2021.

Consent Form - Fathers Focus Group Coparenting and Healthy Relationship and Marriage Education for Dads (CHaRMED)

- **1.PURPOSE:** We would like to ask you about your experiences in [FATHERHOOD PROGRAM]. We want to understand your experiences as a father. We also want to know how well this program meets your needs around supporting healthy coparenting and romantic relationships.
- 2. PROCEDURES: We are asking you to be part of a focus group that will last about 90 minutes. A focus group is like a group interview where people are asked questions about a topic. We will ask you about your coparenting and romantic relationships. We want to know more about the services you have received on these topics and how well they meet your needs. At the end of the focus group, we would like you to fill out a brief questionnaire about yourself that will take no more than 15 minutes.
- **3. RISKS AND/OR DISCOMFORTS:** The main risk of being in a focus group is loss of privacy. To protect your privacy, your name will not be used in any reports. However, other people in the focus group may share what you say. We are asking all participants not to repeat what is said today outside of this group. Some questions may make you uncomfortable. You do not have to answer any questions you do not want to answer.
- **4. VOLUNTARY PARTICIPATION:** This focus group is voluntary. You can choose to leave at any time. There is no penalty or loss of benefits for not participating or withdrawing. Your participation and what is discussed in the group will not affect the program services you receive at [FATHERHOOD PROGRAM] or any program. You will receive a \$30 gift card to thank you for participating in this focus group.

the extent possible. The mailmtest item what is said outside of the group. We repeat what is said in the group will be audio-recorded, if everyone agrees to the information you share with us during the group. All responses will be stored securely. Your information will not be used for any future research. Reports will describe findings in general terms and will not use names.

We have a Certificate of Confidentiality from the National Institutes of Health. This means that we do not have to give out identifying information about you even if we are asked to by a court of law. However, even with the Certificate of Confidentiality, we would still have to release information in some situations required by law, such as if we learn of child abuse and neglect, or harm to yourself or others.

- **6. COSTS AND BENEFITS:** There are no costs associated with the study other than the time you spend in the focus group. You will not benefit personally from being involved in the study.
- 7. QUESTIONS: If you have any concerns about participating in this study you can contact the Study Director, Mindy Scott. Her phone number is 240-223-9324. You may also contact the Child Trends Institutional Review Board. Their phone number is 1-855-288-3506. Their email is irbparticipant@childtrends.org. To write to them, their address is 7315 Wisconsin Avenue Suite 1200W Bethesda, MD 20814.



8. VERBAL CONSENT: We would like to audio record our talk so that we can make sure that we do not miss anything you say. We will destroy all recordings within two years of completing the

study. You can still be a part of the study even if you do not want to be recorded. You will be asked before the focus group begins if you agree to participate and to be audio recorded.

NOTE: The Paperwork Reduction Act Statement: The described collection of information is voluntary and will be used to better understand the services fatherhood programs provide around healthy coparenting and romantic relationships. Public reporting burden for the described collection is estimated to average 135 minutes, including 90 minutes of time for the focus group, 15 minutes to complete the brief questionnaire, and 30 minutes for scheduling and coordination. 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 control number for the described collection is 0970-XXXX and it expires on XX/XX rayed on: XX/XX/2020

Valid until: XX/XX/2021

Consent Form - Coparents Focus Group

Coparenting and Healthy Relationship and Marriage Education for Dads (CHaRMED)

Child Trends is an independent research organization that is funded by the Administration for Child **Pearticipe and Des** in the U.S. Department of Health and Human Services to conduct a research study. The purpose of the study is to the the study is to the st programs support and can better support fathers' healthy coparenting and romantic relationships. This form has information to help you decide if you want to take part in a focus group for this study.

OMB Control No.:0970-XXXX

- **1. PURPOSE:** We would like to ask you about your experiences with the fathers you are raising a child with. We will also ask about the services you both receive from [FATHERHOOD PROGRAM]. We want to understand how fatherhood programs support fathers' coparenting relationships and what fatherhood programs can do better.
- **2. PROCEDURES**: We are asking you to be part of a focus group that will last about 90 minutes. A focus group is like a group interview where people are asked questions about a topic. We will discuss your relationship with the fathers you are raising children with. We want your perspective on the coparenting services available through fatherhood programs. We also want to know how the programs can serve you and fathers better. At the end of the focus group, we would like you to fill out a brief questionnaire about yourself that will take no more than 15 minutes.
- 3. **RISKS AND/OR DISCOMFORTS**: The main risk of being in a focus group is loss of privacy. To protect your privacy, your name will not be used in any reports. However, other people in the focus group may share what you say. We are asking all participants not to repeat what is said today outside of this group. Some questions may make you uncomfortable. You do not have to answer any questions you do not want to answer.
- 4. **VOLUNTARY PARTICIPATION**: This focus group is voluntary. You can choose to leave at any time. There is no penalty or loss of benefits for not participating or withdrawing. If you currently attend

services at a program, your Expiration Pate decision 2021 not to participate, in this focus group and what is discussed in the group will not affect those services. You will receive a \$30 gift card to thank you for participating in this focus group.

5. PRIVACY: Your information will be kept private to the extent possible. The main risk to your privacy is other people in the group repeating what is said outside of the group. We ask all participants not to repeat what is said in the focus group. The focus group will be audio-recorded, if everyone agrees to it. No one outside the study team will have access to the information you share with us during the group. All responses will be stored securely. Your information will not be used for any future research. Reports will describe findings in general terms and will not include your name.

We have a Certificate of Confidentiality from the National Institutes of Health. This means that we do not have to give out identifying information about vou even if we are asked to by a court of law. However, even with the Certificate of Confidentiality, we would still have to release information in some situations required by law, such as if we learn of child abuse and neglect, or harm to vourself or others.

6. COSTS AND BENEFITS: There are no costs associated with the study other than the time you spend in the focus group. You will not benefit personally from being involved in the study.



- 7. **QUESTIONS:** If you have any concerns about participating in this study, you can contact the Study Director, Mindy Scott. Her phone number is 240-223-9324. You may also contact the Child Trends Institutional Review Board. Their phone number is 1-855-288-3506. Their email is irbparticipant@childtrends.org. To write to them, their address is 7315 Wisconsin Avenue Suite 1200W Bethesda, MD 20814.
- **8. VERBAL CONSENT:** We would like to audio record our talk so that we can make sure that we do not miss anything you say. We will destroy all recordings within two years of completing the study. You can still be part of the study even if you do not want to be recorded. You will be asked before the focus group begins if you agree to participate and to be audio recorded.

IRB # XXXX

NO TEP TO YEAR OF THE TO THE PROPERTY AND THE WAR AND THE MESTAGE ACT STATEMENT: The described collection of information is voluntary and will be used to better understand the ser vigitc funding the No. 2021 rovide around healthy coparenting and romantic relationships. Public reporting burden for the described collection is estimated to average 135 minutes, including 90 minutes of time for the focus group, 15 minutes to complete the brief questionnaire, and 30 minutes for scheduling and coordination. 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 control number for the descriped religion in 0970-XXXX and it expires on XX/XX/2021. Interviewer Initials:

Consent Form - Curriculum Developer Interview

Coparenting and Healthy Relationship and Marriage Education for

Child Trends is an independent research organization that is funded by the Administration for Children and Families in the U.S. Department of Health and Human Services to conduct a research study. The purpose of the study is to understand how fatherhood programs support and can better support fathers' healthy coparenting and romantic relationships. We are interviewing curriculum developers to better understand how current curricula used by fatherhood programs help promote healthy coparenting and romantic relationships among fathers. This form has information to help you decide if you want to take part in the study.

- **1. PURPOSE:** We would like to ask you about the curriculum you developed. Our goal is to better understand how these curricula meet the needs of fatherhood programs as they promote healthy coparenting and romantic relationships.
- **2. PROCEDURES**: If you agree, we will interview you for about 60 minutes. We will ask you about how the curricula that are being used in fatherhood programs support and promote healthy coparenting and romantic relationships among fatherhood program participants. The topics covered in the interview include the development and implementation of the curriculum you developed.
- 3. RISKS AND/OR DISCOMFORTS: Risks associated with participation include potential loss of privacy. To protect you or your organization's privacy, your name or your organization's name will not be used in reports. without your permission. Some questions may

- make you uncomfortable. If we come to a question you do not wish to answer, you can let the interviewer know and they will move on to the next question.
- 4. **VOLUNTARY PARTICIPATION**: This interview is voluntary. You can choose to stop the interview at any point. There is no penalty or loss of benefits for not participating or withdrawing.
- **5. PRIVACY**: All information will be kept private to the extent permitted by law. The interview will be audio-recorded, if you agree to it. All responses will be stored securely, and no one outside the study team will have access to the information you share with us during your interview. Your information will not be used for any future research. Reports will describe findings in general terms and will not include your name or the name of your curriculum without your permission.



- **6. COSTS AND BENEFITS:** There are no costs associated with the study other than the time you spend completing the interview. You will not benefit personally from being involved in the study.
- 7. **QUESTIONS:** If you have any comments or concerns about participating in this study, you

IRB # XXXX Can contact Mindy Scott, Study Director, at 324. You may also contact the Child titutional Review Board by calling 1-8**8-**3506, by emailing

irbparticipant@childtrends.org or by writing to 7315 Wisconsin Avenue Suite 1200W Bethesda, MD 20814.

8. VERBAL CONSENT: We would like to audio record our discussion so that we can make sure we do not miss anything you say. We will destroy all recordings within two years of completing the study. You can still be part of the study even if you do not want to be recorded. Do you agree to participate? Do you agree to be audio recorded?

NOTE: The Paperwork Reduction Act Statement: The described collection of information is voluntary and will be understand the services fatherhood programs provide around healthy coparenting and romantic relationships. Public reporting battery iewer destribled collection is estimated to average 60 minutes, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 control number for the described collection is 0970-XXXX and it express of 0-XXXX

Expiration Date: X/XX/2021