**Appendix R: Interview Phone Script Follow-up, Word Version**

Hello [insert name of respondent], my name is [Name]. I'm from CNA [NORC at the University of Chicago].

About [XX] days ago you should have received an invitation to participate in an interview for a research project being conducted for 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 we mentioned in our earlier phone call, in response to the difficulties states and territories are having in implementing the out-of-state background check requirements, the Office of Planning, Research, and Evaluation and the Office of Child Care within ACF, have asked for this study on implementation challenges and possible solutions. They want to know how ACF can help support states and territories in their implementation efforts.

As a reminder, 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.



Please consider participating in an interview, which will last no more than [complete based on respondent type]. We are very interested in discussing [complete sentence based on type of respondent] with you.

The sole purpose of the interviews is to gather data to inform how the ACF can better support state and territory agencies. The information that you provide will not be used for punitive or compliance-related decisions or actions.

Are you willing to participate in an interview?

[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 will send you an email confirming the date and time. We'll include a letter from the Office of Child Care and the questions that we'd like to discuss with you.

[If no]: Is there someone else at your agency who might be able to talk to us about this issue?
[If yes]: Great, could you provide us with their e-mail and phone number?

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

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.