Appendix G  
  
Consent Form for Non-Enrolled Parents’ Interview

Voluntary Consent to Participate in Head Start REACH Study

Study Description and Purpose

We invite you to participate in the Head Start REACH study, which seeks to understand the extent to which Head Start programs are able to reach and support families. We are inviting you because we understand that you do not currently have a child enrolled in a Head Start program. We want to understand what Head Start programs can do better to reach and serve families like yours. The Administration for Children and Families, part of the U.S. Department of Health and Human Services (HHS), is funding Head Start REACH. Mathematica, an independent firm, is conducting the study.

Description of Participation

As a participant, you are being asked to participate in a one-on-one interview. This conversation will last no more than 45 minutes. During the conversation, we will talk about your local early education and child care options, including Head Start; your current early education and child care arrangements; how and why you chose your current arrangements; and what other types of information would have been helpful when you were choosing early education and child care.

You do not have to participate in the interview. If you choose to participate, you can stop at any time. There are no consequences if you do not want to participate or if you end the interview early.

Risks and Benefits

There are no risks associated with participating. As a participant, you will help Head Start programs understand how to recruit and support more families. If you agree to participate, you will receive a $25 gift card after the interview to thank you for your time.

Privacy

The information you share in the interview will be kept private to the extent permitted by law; your name will not be connected to your answers. We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your privacy.

I would like to audio-record the interview to make sure I have an accurate record of what you say. If you have anything you would like to say “off the record,” just let me know and I can pause the recorder. We will not share the recording with anyone outside our study team. We will store the recording in a secure location protected by a password, and we will delete it after we finish using it.

Sharing Study Information

The Mathematica project team will share information with ACF to help them understand how Head Start programs can reach more families. We will use information from the interview to write a summary of what we learned and a final report. Any information you share will be kept private to the extent permitted by law; your name will not be included in our final report. Data from the interviews and focus groups will be transmitted to the [Child & Family Data Archive](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.childandfamilydataarchive.org%2Fcfda%2Fpages%2Fcfda%2Findex.html%3Futm_source%3DALLMEDIA-TO-ARCHIVE%26utm_medium%3DALLMEDIA-TO-ARCHIVE%26utm_campaign%3DALLMEDIA-TO-ARCHIVE&data=04%7C01%7CHShah%40mathematica-mpr.com%7Cb16cab3097794f8834e408d8fdffde34%7C13af8d650b4b4c0fa446a427419abfd6%7C0%7C0%7C637538622674863635%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=gWbQCF9dlRJ%2BpRkDgmEV4IT14KxNWHJ7HFntTFYySXY%3D&reserved=0) or a similar data archive at the end of the study so it can be used by other

researchers. No personal information that could identify you or the programs you serve will remain in the interview notes that are shared with the data archive.

Contact Information

Head Start REACH has been given Institutional Review Board (IRB) approval by Health Media Lab Institutional Review Board. If you have any questions or concerns, please contact Harshini Shah, the deputy project director, at [hshah@mathematica-mpr.com](mailto:hshah@mathematica-mpr.com) or (617) 674-8360.

**IF IN PERSON:**

**Please sign and date below if you agree to participate in the focus group.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF BY PHONE:**

**Do you agree to participate in this interview?**

**YES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**