



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.

[CHILD ID NUMBER]

[OMB NUMBER: 0970-0508 EXPIRATION DATE: XX/XX/XXXX]

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
- The OMB number and expiration date for this collection are OMB #: 0970-0508, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contractor Contact Name]; [Contractor Contact Address].

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 collection



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 centers across the country. It will show how centers like your child's can best support young children's learning and development. **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 two times 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 questions about you and your child.** On the enclosed parent/guardian information form, we ask some questions about you and your child's background (for example, your education and family income, your child's birthdate, and what language your child speaks at home). We may also ask you some questions about what your child knows and is learning.
- **Allow us to get information about how your child is doing after this year.** Once your child is in elementary school, 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 decline to answer any question(s), and you or your child may stop participating at any time. All children in the classroom will receive stickers, even if they do not participate.

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

[CHILD ID NUMBER]

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childhood and education programming in the future. There are no direct benefits to you or your child. There are very few risks for being in this study. Some of the questions on the parent/guardian information form may involve 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 child's 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, MEF Associates, and RTI International.

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

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"/> <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"/> <input type="text"/> <input type="text"/>																				
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How many people live in your household, including yourself?	In your household, how many people are under the age of 18?																				
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