APPENDIX D

## ELIGIBIILITY AND LOGISTICS EMAIL TO HEAD START DIRECTORS (FOR THE PROJECT TEAM TO SEND AFTER PREPORATORY INTERVIEW) LETTER FOR ELIGIBLE PROGRAMS

OMB # XXXX-XXXX
Expiration Date XX/XX/XXXX

DATE

Dear [DIRECTOR NAME]:

Thank you again for taking the time to meet with us to discuss the Study on the Conversion of Enrollment Slots from Head Start to Early Head Start (HS2EHS Study). We are excited to invite [PROGRAM NAME//IF NEEDED, SPECIFY DELEGATE] to participate in this study! As a reminder, we hope to learn more about how and why you converted enrollment slots, and what helped or hindered the conversion process. We also hope to learn about facilitators and barriers to the delivery of Early Head Start service post-conversion. This information will be invaluable to the Administration for Children and Families and its efforts to support grant recipients as they consider and pursue conversion.

## We hope [PROGRAM NAME] will participate in this important study!

Next, we would like your help in identifying a coordinator who will serve as the primary point of contact for our research team. This person will be responsible for helping us with the logistics of our data collection, including activities like scheduling interviews and introducing us to program staff. We will work with the coordinator to develop a schedule of interviews. Once you have designated a coordinator, we will reach out to them to share information about the research study and provide an overview of this role. If possible, please let them know to expect an email from us.

If [PROGRAM NAME] is willing to participate in the study, <u>please respond to this email</u> with the\_name and contact information of the person you are designating as the coordinator for the site visit.

Please do not hesitate to be in touch if you have further questions about the HS2EHS study.

Our team is excited to work with your program to learn more about your experiences converting enrollment slots from Head Start to Early Head Start. Thank you again!

Sincerely,

PROJECT TEAM MEMBER NAME AND SIGNATURE

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 XXXX-XXXX and the expiration date is XX/XX/XXXX.

## **LETTER FOR INELIGIBLE PROGRAMS**

OMB # XXXX-XXXX
Expiration Date XX/XX/XXXX

DATE

## Dear [DIRECTOR NAME]:

Thank you again for taking the time to meet with us to discuss the "Study on the Conversion of Enrollment Slots from Head Start to Early Head Start (<u>HS2EHS</u> Study)".

Unfortunately, we have determined that [PROGRAM NAME//IF NEEDED, SPECIFY DELEGATE] does not meet the study's eligibility requirements. As a result, we are no longer requesting your participation in the data collection.

We are still developing plans for future project activities, which may include additional data collection visits or a survey. Depending on how these plans unfold, there may be future opportunities for your program to participate in this study. If those opportunities arise, we welcome the opportunity to collaborate then.

Thank you again for your time and consideration. We wish you all the best.

Sincerely,

PROJECT TEAM MEMBER NAME AND SIGNATURE

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