

APPENDIX E

RECRUITMENT LETTER FOR COORDINATORS

OMB #0970- XXXX
Expiration Date XX/XX/XXXX

DATE

Dear [COORDINATOR]:

Your program director, [CENTER DIRECTOR NAME], has nominated you to serve as a coordinator for the “Study on the Conversion of Enrollment Slots from Head Start to Early Head Start ([HS2EHS](#) study). We are excited to work with you!

This important project is designed to build the knowledge base around the conversion of enrollment slots from Head Start to Early Head Start. We hope to learn more about how and why grant recipients convert 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.

The project is funded by the Administration for Children and Families within the U.S. Department of Health and Human Services. The Urban Institute and its partner, MEF Associates, are conducting the project.

If you agree to serve as a coordinator, we will ask you to work with the study team to help us prepare for the data collection in the fall or winter of 2022.

This could include activities like:

- Helping the study team to finalize the data collection dates,
- Finding the times that work best for staff to participate in interviews, and
- Facilitating introductions between project staff and Head Start staff during the data collection visits.

For additional information about project activities, please see the enclosed list of frequently asked questions.

We would like to schedule a phone call to provide more information about coordinator responsibilities and talk through any questions you might have. Please respond to this email or contact us at XXX-XXX-XXXX with a few times that work for you, and our team will schedule this call.

We look forward to working with you! Thank you in advance for your help with this important study!

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 0970-0XXX and the expiration date is XX/XX/XXXX.