

## Appendix D

### Consent statements and interview contact forms

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**D.1 Information about HBCC P&E Study Activities for Providers  
(Provider consent statement to be sent prior to interview)**

## Information about HBCC P&E Study Activities for Providers

The Home-Based Child Care Practices and Experiences (HBCC P&E) Study is being conducted by Mathematica and the Erikson Institute for the Administration for Children and Families (ACF) to learn more about the strengths of home-based child care. The study team wants to talk to people who take care of children in their home, many of whom care for children who are family, friends, or neighbors. Study activities consist of:

1. A one-on-one interview by phone, which will last about 90 minutes
2. A call to prepare you to take photographs and record audio journal entries (using a phone and software we will provide), which will last up to 1 hour
3. Taking eight photographs and recording eight audio journal entries in response to prompts over a 4-week period, which is expected to take a total of 2 hours over this period
4. A second one-on-one interview by phone/Zoom, which will last about 90 minutes
5. Helping the study team arrange interviews with family members of up to two children in your care, and with one person from the community who provides you support or resources
6. Optional: We will invite you to participate in a 1-hour focus group so we can ask you for your feedback on our preliminary findings

We will send you gift cards as a thank you and to acknowledge your participation in the study. We will send you a \$75 gift card if you complete the first one-on-one interview; a \$100 gift card if you complete the photo and audio journal entries; and a \$75 gift card if you complete the second one-on-one interview. If you choose to participate in the 1-hour focus group, we will send you a \$50 gift card.

Your participation is completely up to you and voluntary. There is a small chance that responding to some of our questions could bring up topics that are upsetting to you. You can choose to not answer a question for this, or any other reason, if you wish. We can also pause or stop an interview at any point. There are no other risks, or benefits, to participation. There are no right or wrong answers to any of the questions. You may withdraw from the study at any point without consequences.

We will keep your participation private. We will only use your responses for research purposes and in ways that will not reveal who you are. We will not share your responses with others who participate in the study, including family members of the children you care for and the person in the community who supports you.

We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your privacy by limiting when the study team can give out information that identifies you, but there are a few exceptions. For example, if you indicate that you are planning to harm yourself or others, we may be required by law to share that with the appropriate authorities. The U.S. Department of Health and Human Services (DHHS) may ask for data for an audit or evaluation. If they do, we will need to provide it. However, only DHHS staff involved in the review will see it.

We will produce reports that will describe the experiences and viewpoints expressed by those we interview. If we use specific quotes, we will not name specific people or anything that would identify someone.

- However, in some previous studies, people have agreed to let researchers share additional details of their experiences and identity because they want to share this with others who take care of children and people interested in supporting child care.

- In the future, we might ask if you are interested in letting us share your details and identity in our reports. We will only share what you feel comfortable sharing and explicitly agree to share.

With your permission, we will record interviews. These recordings will not be shared outside the study team. If you want to say anything that you don't want recorded, we can pause the recording during the interview. We will delete all recordings, including the audio journal entries you record, at the end of the study (after our analysis of responses from all participating providers is finished).

In the future, responses from this study (with nothing identifying participants) might be securely shared with qualified individuals for additional learning purposes to better understand the strengths of home-based child care.

We will review this statement with you at the beginning of our first interview with you, ask if you have any questions or concerns, and confirm your agreement to participate in the study.

If you have any questions about the HBCC P&E study, please contact the study director, Ashley Kopack Klein, at [akopackklein@mathematica-mpr.com](mailto:akopackklein@mathematica-mpr.com) or (202) 264-3496. We would be glad to answer any questions you might have. This study has been reviewed and approved by the Health Media Lab Institutional Review Board (HML IRB).

The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to learn about the experiences of child care providers. Public reporting burden for this collection of information is estimated to average 7 hours across all data collection activities, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 collection is 09700612 and the expiration date is 09/30/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Ashley Kopack Klein, AKopackKlein@mathematica-mpr.com; Attn: OMB-PRA 0970-0612.

**D.2 Information about HBCC P&E Study Phones for Providers  
(Provider statement to be sent with materials after provider  
interview #1)**

## Information about HBCC P&E Study Phones for Providers

As part of the Home-Based Child Care Practices and Experiences (HBCC P&E) Study, we are asking you to take photographs and record audio journal entries. We have sent you a cell phone with software called EthOS to use for this activity.

The phone also has software called AirWatch that can be used to track the location of the phone and to remotely access the phone. We have the following policies and procedures in place to protect your privacy:

- Only authorized study team members at Mathematica can use the AirWatch software. This software only works when the phone is turned on and unlocked.
- Location tracking has a time delay (we cannot see where the phone is located at the time when we look this up, only where it was recently). It also only provides a general area where the phone is (not an exact location).
- We will only use this software to help you locate the phone if it is lost, or if you need help operating the phone.
- If the phone is permanently lost or stolen or not returned, we will use this software to remotely delete any data on it. Even if that is not possible (because the phone is turned off or locked), someone can only access the phone by using the password or by resetting the entire phone, which would delete any remaining data. We will also turn off the phone's cellular account so no one can make calls using the phone.

If you have any questions about these policies and procedures (or any part of the HBCC P&E study), please contact the study director, Ashley Kopack Klein, at [akopackklein@mathematica-mpr.com](mailto:akopackklein@mathematica-mpr.com) or (202) 264-3496. We would be glad to answer any questions you might have. These policies and procedures were reviewed by the Health Media Lab Institutional Review Board (HML IRB) as part of its overall review and approval of the HBCC P&E study.

The PRA Burden Statement: This collection of information is voluntary and will be used to learn about the experiences of child care providers. Public reporting burden for this collection of information (which includes photo journals [Instrument 4] and audio journals [Instrument 5]) is estimated to average 2 hours, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 Office of Management and Budget (OMB) control number. The OMB number for this collection is 0970-0612 and the expiration date is 09/30/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Ashley Kopack Klein, [AKopackKlein@mathematica-mpr.com](mailto:AKopackKlein@mathematica-mpr.com); Attn: Office of Management and Budget (OMB)-PRA 0970-0612.

**D.3 Family Consent Form for HBCC P&E Study Photos (Family consent for photos)**

## Family Consent Form for HBCC P&E Study Photos

Your child care provider has agreed to be a part of the Home-Based Child Care Practices and Experiences (HBCC P&E) Study. In this study we are hoping to learn about how your provider takes care of children. The study is being conducted by Mathematica and the Erikson Institute for the Administration for Children and Families (ACF).

As part of the study, we are asking your child care provider to take some photos of a “day in the life” as a caregiver for the next few weeks. We are asking for photos of activities your child care provider does with children and the spaces where those activities take place to help us understand what aspects of child care are important to home-based providers. In addition, the photos will be used to help facilitate conversations with the providers. The study and questions will not focus on who is in the photo, nor on the individual children being cared for. These photos will only be used for research purposes and will not affect the care that your child receives. There is, however, a chance that your child(ren) may appear in one of these photos, so this is why we are asking for your permission. Depending on the age of your child(ren), we will also ask your child(ren) for their permission to appear in photos.

We are asking for your permission for your child care provider to take photos that may include your child(ren). Our team is sending your provider a special phone to use for these photos. All photos will be stored in a secure application only available on the study phone. We will only use photos for research purposes and in ways that will not reveal who anyone is. There are no direct benefits or risks to you or your child(ren). You may choose to give permission or not, this is up to you. In the future, we might ask if you are interested in letting us share a photo that includes your child(ren) in our reports. We will only share what you feel comfortable sharing and explicitly agree to share.

If you have any questions or concerns about the HBCC P&E study, please contact the study director, Ashley Kopack Klein, at [akopackklein@mathematica-mpr.com](mailto:akopackklein@mathematica-mpr.com) or (202) 264-3496. We would be glad to answer any questions you might have. This study has been reviewed and approved by the Health Media Lab Institutional Review Board (HML IRB).

*Please check one of the boxes below, and then sign and date the form. Once you sign this form, please return this form to your child care provider.*

- YES**—it is okay for my child care provider to take a photo that includes my child(ren) in it.
- NO**—it is **not** okay for my child care provider to take a photo that includes my child(ren) in it.

**First name of child(ren) cared for by provider** \_\_\_\_\_

**Parent/guardian name (print)** \_\_\_\_\_

**Parent/guardian signature** \_\_\_\_\_

**Today’s date** \_\_\_\_\_

This collection of information is voluntary and will be used to learn more about the experiences of families and children served by a home-based child care provider. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 and expiration date for this collection are OMB #: 0970-0612, Exp: 09/30/2024.

**D.4 Child Assent Form for HBCC P&E Study Photos (Child assent for photos)**

## Child Assent Form for HBCC P&E Study Photos

The person who takes care of you is helping us learn about how they take care of you as part of a research study. They will be using a special phone over the next few weeks to take photos of the things they do with you on a normal day. This means if you want to, you could be in some of the photos. Your parent said that you can be in the photos. You don't have to be in the photos if you don't want to. You can also change your mind. If at any point you decide that you do or don't want to be in the photos, that's ok! Just tell the person who takes care of you what you would like to do. The photos will help us learn a lot about how people take care of kids. We will only use the photos to learn, and we won't tell anyone else who you are or show anyone else the photos. Does this make sense to you? Do you have any questions?

Write your first name if it's ok for the person who takes care of you to take photos with you in them.

**First name:** \_\_\_\_\_

Information for child's provider: This collection of information is voluntary and will be used to learn more about the experiences of families and children served by a home-based child care provider. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 and expiration date for this collection are OMB #: 0970-0612, Exp: 09/30/2024.

**D.5 Family Contact Form for HBCC P&E Study Interviews (Family permission to be contacted for study interviews)**

## Family Contact Form for HBCC P&E Study Interviews

In addition to photos taken by child care providers, which are described in a separate consent form, the HBCC P&E Study is interested in talking with parents or guardians of children who are cared for by the providers. The interviews will help us understand what is important to parents about their children’s experiences in care. As noted in the accompanying flyer, these one-on-one interviews would last up to one hour and participants would receive a \$50 gift card as a thank you for their participation. This is the only activity we are asking parents or guardians to do for this study.

Please indicate below whether it would be ok for us to contact you about having an interview with you. Whether or not you give permission for your children to appear in photos taken by your provider, we are still interested in talking with you for this part of the study. We might not interview everyone who gives permission, and giving permission on this form does not mean you must do the interview. If you give permission below and we select you, we will call to discuss the study, answer any questions you have, and confirm your interest in participating. If you agree to participate during that conversation, we will then schedule the interview with you.

If you have any questions or concerns about the HBCC P&E study, please contact the study director, Ashley Kopack Klein, at [akopackklein@mathematica-mpr.com](mailto:akopackklein@mathematica-mpr.com) or (202) 264-3496. We would be glad to answer any questions you might have. This study has been reviewed and approved by the Health Media Lab Institutional Review Board (HML IRB).

*Please check one of the boxes below, and then complete the rest of the form. If you check “YES,” please also write your phone number and email address (if you have one). Once you complete this form, please return this form to your child care provider.*

**YES**—it is okay to contact me about an interview.

**Parent/guardian phone number** \_\_\_\_\_

**Parent/guardian email** \_\_\_\_\_

**NO**—it is **not** okay to contact me about an interview.

**First name of child(ren) cared for by provider** \_\_\_\_\_

**Parent/guardian name (print)** \_\_\_\_\_

This collection of information is voluntary and will be used to learn more about the experiences of families and children served by a home-based child care provider. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 and expiration date for this collection are OMB #: 0970-0612, Exp: 09/30/2024.

**D.6 Information about HBCC P&E Study Activities for Family Members (Family member consent statement to be sent prior to interview)**

## Information about HBCC P&E Study Activities for Family Members

The Home-Based Child Care Practices and Experiences (HBCC P&E) Study is being conducted by Mathematica and the Erikson Institute for the Administration for Children and Families (ACF) to learn more about the strengths of home-based child care. As part of the study, the team wants to talk to family members whose children receive care from another family member, friend, or neighbor. For these family members, the study team will conduct a one-hour, one-on-one interview by phone.

We will send you a \$50 gift card as a thank you and to acknowledge your participation in this interview.

Your participation is completely up to you and voluntary. There is a small chance that responding to some of our questions could bring up topics that are upsetting to you. You can choose to not answer a question for this, or any other reason, if you wish. We can also pause or stop the interview at any point. There are no other risks, or benefits, to participation. There are no right or wrong answers to any of the questions.

We will keep your participation private. We will only use your responses for research purposes and in ways that will not reveal who you are. We will not share your responses with others who participate in the study, including the person who cares for your child(ren).

We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your privacy by limiting when the study team can give out information that identifies you, but there are a few exceptions. For example, if you indicate that you are planning to harm yourself or others, we may be required by law to share that with the appropriate authorities. The U.S. Department of Health and Human Services (DHHS) may ask for data for an audit or evaluation. If they do, we will need to provide it. However, only DHHS staff involved in the review will see it.

We will produce reports that will describe the experiences and viewpoints expressed by those we interview. If we use specific quotes, we will not name specific people or anything that would identify someone. In the future, responses from this study (with nothing identifying participants) might be securely shared with qualified individuals for additional learning purposes to better understand the strengths of home-based child care.

With your permission, we will record the interview. This recording will not be shared outside the study team. If you want to say anything that you don't want recorded, we can pause the recording during the interview. We will delete all recordings at the end of the study (after our analysis of responses from all participating family members is finished).

We will review this statement with you at the beginning of our interview with you, ask if you have any questions or concerns, and confirm your agreement to participate in the study.

If you have any questions about the HBCC P&E study, please contact the study director, Ashley Kopack Klein, at [akopackklein@mathematica-mpr.com](mailto:akopackklein@mathematica-mpr.com) or (202) 264-3496. We would be glad to answer any questions you might have. This study has been reviewed and approved by the Health Media Lab Institutional Review Board (HML IRB).

The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to learn about the experiences of child care providers. Public reporting burden for this collection of information is estimated to average 1 hour, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 collection is 0970-0612 and the expiration date is 09/30/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Ashley Kopack Klein, AKopackKlein@mathematica-mpr.com; Attn: OMB-PRA 0970-0612.



**D.7 Provider Log of Community Member Contact Information for  
HBCC P&E Study Interviews (Community member permission to  
be contacted for study interviews)**

## Provider Log of Community Member Contact Information for HBCC P&E Study Interviews

As we discussed, please reach out to the three community members we talked about in our interview with you – people in your life who support you around caring for children. Please ask them if we can contact them for a short, 30-minute phone interview.

Once you have done so, please print their name, check the box to indicate that they agreed that we can contact them, and list their contact information.

When you have finished reaching out to your community members, submit this form to us via EthOS or call us to give us this information over the phone. Please do **not** send us this information by email or text.

**1. Community member #1 name (print)** \_\_\_\_\_

**Community member said we could contact them for an interview**

**Email** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**2. Community member #2 name (print)** \_\_\_\_\_

**Community member said we could contact them for an interview**

**Email** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**3. Community member #3 name (print)** \_\_\_\_\_

**Community member said we could contact them for an interview**

**Email** \_\_\_\_\_

**Phone number** \_\_\_\_\_

This collection of information is voluntary and will be used to learn more about the experiences of families and children served by a home-based child care provider. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 and expiration date for this collection are OMB #: 0970-0612, Exp: 09/30/2024.

**D.8 Information about HBCC P&E Study Activities for Community Members (Community member consent statement to be sent prior to interview)**

## Information about HBCC P&E Study Activities for Community Members

The Home-Based Child Care Practices and Experiences (HBCC P&E) Study is being conducted by Mathematica and the Erikson Institute for the Administration for Children and Families (ACF) to learn more about the strengths of home-based child care. As part of the study, the team wants to talk to people from the community who support people who offer child care in their home, many of whom care for children who are family, friends, or neighbors. For these community members, the study team will conduct a 30-minute, one-on-one interview by phone.

We will send you a \$25 gift card as a thank you and to acknowledge your participation in this interview.

Your participation is completely up to you and voluntary. There are no direct benefits or risks to participation. You can choose to not answer a question if you wish. There are no right or wrong answers to any of the questions.

We will keep your participation private. We will only use your responses for research purposes and in ways that will not reveal who you are. We will not share your responses with others who participate in the study, including the provider you support.

We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your privacy by limiting when the study team can give out information that identifies you, but there are a few exceptions. For example, if you indicate that you are planning to harm yourself or others, we may be required by law to share that with the appropriate authorities. The U.S. Department of Health and Human Services (DHHS) may ask for data for an audit or evaluation. If they do, we will need to provide it. However, only DHHS staff involved in the review will see it.

We will produce reports that will describe the experiences and viewpoints expressed by those we interview. If we use specific quotes, we will not name specific people or anything that would identify someone. In the future, responses from this study (with nothing identifying participants) might be securely shared with qualified individuals for additional learning purposes to better understand the strengths of home-based child care.

With your permission, we will record the interview. This recording will not be shared outside the study team. If you want to say anything that you don't want recorded, we can pause the recording during the interview. We will delete all recordings at the end of the study (after our analysis of responses from all participating community members is finished).

We will review this statement with you at the beginning of our interview with you, ask if you have any questions or concerns, and confirm your agreement to participate in the study.

If you have any questions about the HBCC P&E study, please contact the study director, Ashley Kopack Klein, at [akopackklein@mathematica-mpr.com](mailto:akopackklein@mathematica-mpr.com) or (202) 264-3496. We would be glad to answer any questions you might have. This study has been reviewed and approved by the Health Media Lab Institutional Review Board (HML IRB).

The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to learn about the experiences of child care providers. Public reporting burden for this collection of information is estimated to average 30 minutes, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 collection is 0970-0612 and the expiration date is 09/30/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Ashley Kopack Klein, AKopackKlein@mathematica-mpr.com; Attn: OMB-PRA 0970-0612.