Appendix A

Community organization outreach materials

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A1. Community organization	invitation email	

A.1 Community organization invitation email

Dear [NAME],

I hope you are well. I'm writing to ask for your help for a project I work on with Mathematica, an independent research organization. As part of the Home-Based Child Care Supply and Quality (HBCCSQ) project, conducted for the Office of Planning, Research, and Evaluation within the Administration for Children and Families at the U.S. Department of Health & Human Services, we've learned that many measures to support home-based child care (HBCC) providers (that is, individuals who care for children in a home), were not created with HBCC providers in mind. So, we are developing the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit). The HBCC-NSAC Toolkit is specifically for HBCC providers who regularly care for at least one school-age child (age 5 and in kindergarten, or ages 6 through 12), meaning they care for the school-age child(ren) at least 10 hours per week. These providers may also care for under school-age children (ages birth through 5 and not yet in kindergarten). HBCC providers can use the HBCC-NSAC Toolkit reflect on their strengths and areas for growth related to their caregiving practices and how they partner with children's families.

As we develop the HBCC-NSAC Toolkit, it's important that we try it out with many different HBCC providers, so we are conducting the HBCC-NSAC Toolkit Pilot Study. As described in the attached provider flyer, we hope you can help us find [IF PHASE 1: Spanish-speaking HBCC providers; IF PHASE 2: HBCC providers, including those who regularly care for their family, friend, or neighbor's children in a home [IF SPANISH SPEAKERS NEEDED: including Spanish-speaking providers] to participate in the HBCC-NSAC Toolkit Pilot Study.

A flyer for families is also attached—we will ask providers to invite families with school-age children to try out the family questionnaire that is part of the HBCC-NSAC Toolkit.

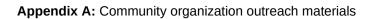
If you know of HBCC provider(s) who might like to participate, [IF SPANISH SPEAKERS NEEDED: including Spanish-speaking providers,] please respond to this email and [NAME(S)] from Mathematica (copied) will be in touch. *Please do not include any names of providers in the email.*

Thank you in advance for your help.

Best,

[NAME] for the HBCC-NSAC Toolkit Pilot Study team

The referenced collection of information is voluntary. Information will be kept private. 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 control number for this collection is 0970-0355 and the expiration date is 8/31/2024.



A2. Community organization follow up email

A.2 Community organization follow up email

IF COMMUNITY ORGANIZATION CONTACT REPLIES TO EMAIL REQUEST (INDICATING THEY CAN HELP IDENTIFY HBCC PROVIDERS FOR THE PILOT) THE STUDY TEAM WILL SEND THE EMAIL BELOW:

Thank you for your reply! I would like to schedule a time to talk about the HBCC-NSAC Toolkit Pilot Study and how you could help us identify [IF SPANISH SPEAKERS NEEDED: Spanish-speaking] HBCC providers who may be interested. I can also answer any questions you have. You are welcome to invite other staff at your organization that could help identify those who might be interested in trying out the HBCC-NSAC Toolkit.

Are you available to talk on [DATE TIME]? If not, please let me know two days/times when you can meet [this/next] week?

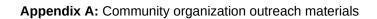
Please let me know if you have any questions.

Sincerely,

[NAME] for the HBCC-NSAC Toolkit Pilot Study team

[PHONE NUMBER]

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A3. Community organization follow up call

A.3 Community organization follow up call

Goals of the community organization follow up call:

- **1.** INTRODUCE YOURSELF
- 2. DESCRIBE PURPOSE OF THE STUDY AND CONFIRM INFORMATION ABOUT THE CHARACTERISTICS OF THEIR HBCC PROVIDERS
- **3.** DESCRIBE THE ROLE OF THE COMMUNITY ORGANIZATION AND INQUIRE THEIR WILLINGNESS TO PARTICIPATE
- **4.** DESCRIBE NEXT STEPS FOR GETTING IN TOUCH WITH POTENTIAL HBCC PROVIDER PARTICIPANTS

CALLER INSTRUCTIONS: THIS IS A SET OF QUESTIONS AND TALKING POINTS. PROBE AS NEEDED ABOUT WILLINGNESS TO PARTNER WITH US. BE SURE TO ANSWER ANY QUESTIONS THAT THE PERSON MAY HAVE ABOUT THE PILOT.

BEFORE THE CALL, REVIEW COMMUNITY ORGANIZATION'S WEBSITE TO LEARN ABOUT THE CHARACTERISTICS OF THE PROVIDERS IN THEIR NETWORK. DEPENDING ON THE LEVEL OF DETAIL PROVIDED THROUGH THEIR WEBSITE, THE GENERAL CONFIRMATION QUESTIONS BELOW MAY BE TAILORED OR SKIPPED.

REVIEW THE TRACKER TO SEE WHO IS BEING RECRUITED, WHO HAS BEEN SELECTED, AND RESPONDENT CHARACTERISTCS STILL NEEDED.

Community organization follow-up call talking points

Thank you for meeting to discuss the HBCC-NSAC Toolkit Pilot Study. Talking with me on this call is completely up to you and voluntary, and we will keep your responses private. Because this is a federally funded study, I want to tell you that 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 control number for this collection is 0970-0355 and the expiration date is 8/31/2024.

To start, I would like to talk about the home-based child care providers, or HBCC providers, you engage with.

We would like to get input on the HBCC-NSAC Toolkit from a diverse group of HBCC providers (and the families they care for) including providers from different racial and ethnic backgrounds (including Black, White, Hispanic or Latino, and Asian or Pacific Islander), those from urban or rural areas, and those who are English speakers, Spanish speakers, or bilingual in Spanish and English.

- Can you please confirm the information I have about the HBCC providers you work with is correct? [STUDY TEAM RECRUITER TO USE INFORMATION BELOW AS APPLICABLE TO THE INFORMATION ACQUIRED ABOUT THE COMMUNITY ORGANIZATION.]
 - You work with family child care providers who are [licensed/regulated] by your state.

- You work with family, friend, or neighbor providers who are unlicensed or legally exempt from state licensing or other state regulations.
- You work with home-based providers who are multilingual or speak a language other than English.
 - o Including LANGUAGES.
- You work with providers who live in rural areas. [IF ASKED, IN RURAL AREAS PEOPLE
 NEED TO DRIVE FARTHER TO GET TO AIRPORTS, FOR EXAMPLE, COMPARED TO
 URBAN OR SUBURBAN AREAS, AND THERE IS MORE LAND THAN HOUSES IN THE
 AREAS.]
- You have home visitors, family advocates, social workers, or other staff who support home-based providers.
- Thank you. Next, I want to talk about how your organization can help identify providers who might participate in the pilot and give you details about the pilot. **Community Organization Role for Pilot Study**: There are two types of ways your organization may help:
 - Paid role with a site coordinator: If you are willing, we will offer a \$250 honoraria to your organization if someone can act as a site coordinator. The site coordinator will help us recruit and follow up with providers affiliated with your organization. If needed, the site coordinator would help the study team visit your organization to collect data from providers. Specifically:
 - O We will ask the site coordinator if there are any meetings or events (in-person or virtual) where someone from your organization or the study team could share information about the HBCC-NSAC Toolkit Pilot Study. For example, an event where the study team could distribute flyers and paper versions of the HBCC-NSAC Toolkit, and/or collect contact information from HBCC providers at the event who are interested in participating.
 - O The site coordinator will help the study team follow up with HBCC providers who agree to participate. For example, in cases when providers do not answer the recruiter's calls or do not complete the HBCC-NSAC Toolkit on time, the site coordinator may encourage the provider to answer the study team's calls, ask if they are having problems completing the HBCC-NSAC Toolkit on time, or give reminders of the deadline.
 - O The site coordinator will also help collect completed paper versions of the HBCC-NSAC Toolkit and return them to Mathematica using prepaid mailing materials, if providers cannot easily access a mailing facility.
 - **O** We may ask the site coordinator to identify a week for the study team to visit your organization to collect data from providers.
 - <u>Unpaid role without a site coordinator</u>: If you prefer not to identify a site coordinator, we will ask about your willingness to share flyers that describe the HBCC-NSAC Toolkit Pilot Study with providers affiliated with your organization. We appreciate any help to identify HBCC providers and send us contact information for providers who express interest in the study and agree to have their contact information shared.
- **HBCC Provider Role**: A study team member will talk with providers for about 20 minutes to explain the study. HBCC providers will be asked to try out the [IF PHASE 1: HBCC-NSAC Toolkit provider questionnaire. This will take about [IF PHASE 1: 45] [IF PHASE 2: 30] minutes].

Then, a study team member will talk with providers for about 15 minutes to explain the family questionnaire and ask providers to invite the family of one or more school-age children in their care to complete the HBCC-NSAC Toolkit family questionnaire.

[IF PHASE 1: Each provider and family member will also be asked to participate in a 30-minute WebEx call to discuss the HBCC-NSAC Toolkit and their experience using it. For example, we may ask HBCC providers to react to questions in the provider questionnaire, including whether the questions were easy or difficult to understand. In total, a provider's participation will take about 2 hours of their time.]

[IF PHASE 2: In total, a provider's participation will take about an hour of their time.]

- **Criteria:** For the pilot study, we are interested in recruiting HBCC providers who are at least 18 years old; and who regularly care for at least one school-age child (age 5 and in kindergarten, or ages 6 through 12) in a home for at least 10 hours per week;
 - [IF PHASE 1:
 - O PROVIDERS WHO PRIMARILY SPEAK SPANISH]
 - [IF PHASE 2: We're also particularly interested in trying out the provider questionnaire with providers who are DESCRIBE OTHER CHARACTERISTICS OF INTEREST BASED ON THE COMMUNITY ORGANIZATION CONTACT'S ANSWERS TO GENERAL QUESTIONS AND STUDY'S SAMPLING TARGETS
 - O [SPANISH SPEAKERS]
 - O [SPANISH-ENGLISH BILINGUAL SPEAKERS]
 - O LIVE IN [URBAN OR RURAL] AREAS
 - O PROVIDERS WHO IDENTIFY AS PART OF [A RACIAL OR ETHINIC GROUP]]
- When: We plan to contact HBCC providers starting in February 2023 to describe the HBCC-NSAC Toolkit Pilot Study and invite them to complete the HBCC-NSAC Toolkit [IF PHASE 1: and participate in a WebEx call]. We will share timelines with HBCC providers so they know when they will receive the HBCC-NSAC Toolkit and instructions for inviting families to participate, and by when they (and families) need to complete the HBCC-NSAC Toolkit.
- **How:** The study team will send the HBCC-NSAC Toolkit to HBCC providers—they may complete the provider questionnaire electronically [IF PHASE 2:, over the phone,] or on paper. We will provide instructions on how to complete the provider questionnaire and about how much time it will take them to complete it. The study team will also send all of the materials needed to recruit families to complete the family questionnaire (paper consent form, paper family questionnaire, instructions, and a prepaid envelope for mailing the materials back to the study team).
- **Tokens of appreciation:** Participating HBCC providers and family members will be making important contributions that will support providers and families like themselves in the future. In appreciation of their contributions, HBCC providers will receive [IF PHASE 1: \$75] [IF PHASE 2: \$50] as a thank you as well as a \$10 gift card for talking with the study team about the logistics of sharing the family questionnaire with families and agreeing to share it. Family members who participate will receive [IF PHASE 1: \$35] [IF PHASE 2: \$10].

Gaining cooperation:

A. Are you willing and able to designate a site coordinator to help recruit providers to participate in the pilot study, follow up with them as needed, and potentially help organize a data collection visit?

IF YES: Can you provide the name, email, and phone number for the site coordinator? If you prefer to send the name and contact information for the site coordinator after this discussion, that is ok.

IF NO: GO TO B.

B. Are you willing and able to share information about the study with providers affiliated with your organization and ask interested providers to contact you or the study team?

IF YES: GO TO NEXT STEPS.

IF NO: It is helpful for us to know why you cannot participate. Can you share what is keeping you from helping to identify and recruit providers for this pilot? Thank you! END CALL.

Next steps:

IF SITE COORDINATOR IS ON THE CALL OR NO SITE COORDINATOR:

- Following this discussion, please share the flyer to see if providers are interested our contact information is listed.
- Do you have any specific HBCC providers in mind now?

IF YES: FOR THOSE PROVIDERS WHO AGREE TO HAVE THEIR CONTACT INFORMATION SHARED, COLLECT PROVIDER CONTACT INFORMATION AND PREFERRED LANGUAGE DURING THIS CALL IF AVAILABLE

OR

IF CONTACT INFORMATION NOT AVAILABLE NOW, ARRANGE TO COLLECT THE INFORMATION AT ANOTHER TIME BY PHONE OR STUDY TEAM'S SECURE WEBSITE ACCORDING TO THE COMMUNITYORGANIZATION'S PREFERENCE.

IF USING THE SECURE WEBSITE IS PREFERRED, EXPLAIN THAT THE STUDY TEAM WILL SEND INSTRUCTIONS FOR HOW TO COMMUNITCATE THROUGH THE SECURE WEBSITE.

After this meeting, if you identify specific HBCC providers who might be interested, can you share their name, phone number, email address, and preferred language?

IF YES: For those providers who agree to have their information shared, we can take their contact information over the phone or you can send their information electronically using the study team's secure website. Which do you prefer?

IF PHONE: SCHEDULE A FOLLOW UP CALL TO RECEIVE THE INFORMATION FROM THE COMMUNITY ORGANZATION.

IF SECURE WEBSITE: EXPLAIN THAT THE STUDY TEAM WILL SEND INSTRUCTIONS FOR HOW TO COMMUNITCATE THROUGH THE SECURE WEBSITE.

IF NO: Ok, providers can reach out to us to express interest using the contact information on the flyer.

- When the study team reaches out to providers you identify, is it ok to say that we received their contact information from you?
- Please let interested providers that you identify know that a study team member may reach out to them soon to tell them more about this opportunity.

IF SITE COORDINATOR IS ON CALL: Now, let's discuss group meetings or events for providers where someone from your organization or the study team could share information about the pilot study.

- Can you share the dates for any in-person group meetings or events for providers between now and [DATE]?
- Can you share the dates for any virtual group meetings or events for providers between now and [DATE]?

IF NEEDED, SITE COORDINATOR CAN SHARE THEIR SCHEDULE FOR MEETINGS/EVENTS VIA EMAIL.

- After reviewing your schedule of events with the team, I will set up time to talk about whether we can discuss the study at any of these events.
- I'll plan to follow up with you in a few days to see if you have a sense of which providers might participate in the study.

IF SITE COORDINATOR IS NOT ON CALL: Following this discussion, please let the site coordinator know that we will follow up with him/her to recap this discussion and answer questions about the study.

AFTER THE CALL, IF NEEDED:

- SHARE FLYER
- FOLLOW UP WITH ORGANIZATION CONTACT OR SITE COORDINATOR ABOUT
 - IDENTIFYING A SITE COORDINATOR
 - CONTACT INFORMATION FOR PROVIDERS
 - DATES OF SCHEDULED MEETINGS/EVENTS
 - ONSITE DATA COLLECTION
- SET UP SECURE FILE TRANSFER SITE AND SEND INSTRUCTIONS TO THE COMMUNITY ORGANIZATION