

Appendix D

Supplemental provider and family recruitment materials

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Appendix D.1

Phase one reminder to providers

D.1. Phase one reminder to providers

IF EMAIL: EMAIL SUBJECT: Reminder! Home-Based Child Care Toolkit for Nurturing School-Age Children WebEx call

Hi [NAME],

Thanks again for taking part in the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) Pilot Study!

[IF PROVIDER QUESTIONNAIRE COMPLETE]: Thank you for completing the provider questionnaire!

[IF PROVIDER QUESTIONNAIRE NOT COMPLETE]: I am following up to see if you have questions about the provider questionnaire. Are you able to complete and return the provider questionnaire by [DATE]?]

Our WebEx call is on [DATE AND TIME] to talk about your experience.

To join the WebEx call, dial [JOIN BY PHONE UNITED STATES TOLL] on [DATE AND TIME]. When asked, enter this access code:

[XXXX XXX XXXX]

[IF MODE IS ELECTRONIC: Please have a copy of your provider questionnaire out during the call.]

[IF MODE IS PAPER: Please have an extra copy of the provider questionnaire out during the call.]

I look forward to speaking with you!

Sincerely,

[RECRUITER NAME]

HBCC-NSAC Pilot Study project 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.

Appendix D.2

Phase one reminder to families

D.2. Phase one reminder to families

IF EMAIL: EMAIL SUBJECT: Reminder! Home-Based Child Care Toolkit for Nurturing School-Age Children WebEx call

Hi [NAME],

Thanks again for taking part in the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) Pilot Study and completing the family questionnaire!

Our WebEx call is on [DATE AND TIME] to talk about your experience.

To join the WebEx call, dial [JOIN BY PHONE UNITED STATES TOLL] on [DATE AND TIME].
When asked, enter this access code:

[XXXX XXX XXXX]

I look forward to speaking with you!

Sincerely,

[RECRUITER NAME]

HBCC-NSAC Pilot Study project 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.

Appendix D.3

Phase two reminder to providers

D.3. Phase two reminder to providers

IF EMAIL: EMAIL SUBJECT: Reminder! Please complete the Home-Based Child Care Toolkit for Nurturing School-Age Children

Hi [NAME],

Thanks again for taking part in the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) Pilot Study!

[IF WEB VERSION NOT COMPLETE OR PAPER VERSION NOT RETURNED]: I am following up to see if you have questions about completing the consent form and provider questionnaire. Are you able to complete the consent form and provider questionnaire by [DATE]?

[IF WEB VERSION NOT COMPLETE]: As a reminder, you can give consent and complete the provider questionnaire by clicking on this link: [INSERT WEB LINK]

[IF PAPER VERSION NOT RETURNED]: As a reminder, you have a prepaid return envelope to mail back your completed consent form and provider questionnaire to the study team at Mathematica. Please let us know if you need help mailing back the envelope.

[IF TELEPHONE VERSION]: I am writing to remind you that someone from the study team will call you on [DATE] at [TIME] to complete the consent form and the HBCC-NSAC Toolkit provider questionnaire with you.

Please let me know if you have any questions!

Sincerely,

[NAME] for the HBCC-NSAC Pilot Study team

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Appendix D.4

Family questionnaire reminder to providers

D.4. Family questionnaire reminder to providers

IF EMAIL: EMAIL SUBJECT: Home-Based Child Care Toolkit for Nurturing School-Age Children family questionnaire

[IF PROVIDER AGREED TO SHARE FAMILY QUESTIONNAIRE AND FAMILY QUESTIONNAIRE NOT RETURNED]:

Thank you for sharing the HBCC-NSAC Toolkit family questionnaire. Are you able to collect the completed family consent form and family questionnaire from the parent(s) or family member(s) by [DATE]?

Please let me know if you think it would be helpful for me to talk to families directly about the study and answer questions from them.

[IF PROVIDER AGREED TO SHARE FAMILY QUESTIONNAIRE AND FAMILY QUESTIONNAIRE RETURNED, BUT FAMILY DID NOT PROVIDE CONTACT INFORMATION]:

PHONE ONLY: Thank you for sharing the HBCC-NSAC Toolkit family questionnaire. [RESPONDENT] completed the family questionnaire but did not provide their contact information to receive their gift card. If you are allowed to share [RESPONDENT]'s contact information, we can take that information over the phone now. TAKE CONTACT INFORMATION. Thank you.

Please let me know if you have any questions!

Sincerely,

[NAME] for the HBCC-NSAC Pilot Study team

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Appendix D.5

Email to providers not selected to participate in the pilot study

D.5. Email to providers not selected to participate in the pilot study

EMAIL SUBJECT: Home-Based Child Care Toolkit for Nurturing School-Age Children Pilot Study

Hi [NAME],

Thank you for talking with me about the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) Pilot Study! At this time, we have enough providers to participate in the pilot study and are unable to include you in the study. If something changes, we will follow up to see if you are still interested.

Your experience and opinions are valuable to us. May we keep your information in our records and contact you for future opportunities to give input on the HBCC-NSAC Toolkit?

Sincerely,

[NAME] for the HBCC-NSAC Pilot Study team

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