

## Appendix I

### Provider and family invitations

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## **Appendix I.1**

### **Phase one provider invitation**

## I.1. Phase one provider invitation

**EMAIL SUBJECT/COVER PAGE TITLE: Please complete the Home-Based Child Care Toolkit for Nurturing School-Age Children [IF EMAIL: Instructions and HBCC-NSAC Toolkit attached]!**

Dear [NAME],

Thank you for agreeing to take part in the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) Pilot Study! Your participation is confirmed.

[IF EMAIL: Please complete the HBCC-NSAC Toolkit provider questionnaire that is attached to this email.]

[IF COVER PAGE: This mailing includes the study consent letter and form, and two copies of the HBCC-NSAC Toolkit provider questionnaire. One copy of the provider questionnaire is for you to complete and return, and the other copy is for you to keep. Please read the consent letter and sign the consent form. Then, please complete the provider questionnaire.]

It should take about 45 minutes to complete the provider questionnaire.

[IF EMAIL: Please reply to this email and attach the completed provider questionnaire by [DAY, DATE]].

[IF COVER PAGE: Please use the prepaid return envelope provided to mail the completed consent form and provider questionnaire back to the study team at Mathematica by [DAY, DATE]. Keep the second copy of the provider questionnaire to reference during our 30-minute WebEx call to talk about your experience filling it out.]

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

The HBCC-NSAC Toolkit Pilot Study team will contact you soon to discuss how you can also invite the families of children you care for take part in the study.

If you have any questions, please call [STUDY PHONE NUMBER] or email [STUDY EMAIL].

Sincerely,

HBCC-NSAC Toolkit 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 I.2**

### **Phase one family interview invitation**

## I.2. Phase one family interview invitation

### STUDY TEAM MEMBER INSTRUCTIONS

#### BEFORE YOU CALL:

- IDENTIFY TIMES WHEN THE TEAM IS AVAILABLE FOR THE WEBEX CALL.

#### GOALS OF THE CALL:

1. INTRODUCE YOURSELF
2. SCHEDULE THE FAMILY COGNITIVE INTERVIEW

Hello [NAME],

CONFIRM YOU ARE SPEAKING TO THE NAMED FAMILY MEMBER. IF NOT, CONFIRM PHONE NUMBER, EMAIL, AND A GOOD CALLBACK TIME.

This is [STUDY TEAM MEMBER NAME] with the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) Pilot Study team. Thank you for completing the family questionnaire!

As your child's home-based child care provider told you, the study team would like to talk with you about your experience completing the family questionnaire. Your opinions about the questionnaire will help us to improve the questions and make sure they are easy to understand for other families in the future. After the 30-minute call, we will mail you a \$35 gift card as a thank you for completing the family questionnaire and follow-up call on WebEx. Because this is a federally funded study, I want to tell you that 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.

We are scheduling WebEx calls soon. Do any of the following dates and times work well for you?  
[REFERENCE PREVIOUSLY IDENTIFIED TIME SLOTS]

IF NO TIME SLOTS WORK WELL FOR FAMILY: That's ok, we'll follow-up with some other options. Are there any times in the week that generally work well for you? We can schedule these calls during evenings or weekends as well.

ONCE SCHEDULED, CREATE WEBEX MEETING, SHARE MEETING LINK, CALL IN NUMBER AND CODE WITH FAMILY MEMBER. CALL/TEXT AS NEEDED TO ENSURE FAMILY MEMBER KNOWS HOW TO CALL INTO THE MEETING.

## **Appendix I.3**

### **Phase two provider invitation**

### I.3. Phase two provider invitation

**EMAIL SUBJECT/COVER PAGE TITLE: Please complete the Home-Based Child Care Toolkit for Nurturing School-Age Children!**

Dear [NAME],

Thank you for agreeing to take part in the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) Pilot Study! Your participation is confirmed.

[IF WEB VERSION:] Please click the link below to give your consent and complete the HBCC-NSAC Toolkit provider questionnaire.

[INSERT WEB LINK]

The provider questionnaire should take about 30 minutes to complete. Please complete it by [DATE].

[IF PAPER VERSION:] You can expect to receive the study consent letter and form, and the HBCC-NSAC Toolkit provider questionnaire in the mail by [EXPECTED DELIVERY DATE].

The provider questionnaire should take about 30 minutes to complete. Please use the prepaid return envelope provided to mail the completed consent form and provider questionnaire back to the study team at Mathematica by [DATE].

[IF TELEPHONE VERSION]: Someone from the study team at Mathematica will call you on [DATE] at [TIME]. They will complete the consent form and HBCC-NSAC Toolkit provider questionnaire over the phone with you. The phone call should take about 30 minutes to complete.

[ALL:] The study team will contact you soon to discuss how you can also invite the families of children you care for take part in the study. If you have any questions, please call [STUDY PHONE NUMBER] or email [STUDY EMAIL].

Sincerely,

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.