Appendix J

Family data collection instructions

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Appendix J.1

Provider instructions

J.1 Provider instructions

**HBCC-NSAC Toolkit Pilot Study family data collection: Provider instructions**

Thank you for agreeing to share the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) family questionnaire!

Materials

This package has the following materials:

1. **Prepaid mailing materials.** You will use these materials to send back completed family questionnaire(s) to the study team at Mathematica.
2. **Family questionnaire packets.** You will give a packet to each family you invite to complete the family questionnaire. The packets are labeled as “English version” or “Spanish version” and include:
3. Family flyer
4. HBCC-NSAC Toolkit Pilot Study family consent letter
5. HBCC-NSAC Toolkit Pilot Study family consent form
6. [IF PHASE ONE: Two copies of the HBCC-NSAC Toolkit family questionnaire] [IF PHASE TWO: HBCC-NSAC Toolkit family questionnaire]
7. Self-seal envelope
8. Family questionnaire participation checklist

Instructions

**Step 1:** Please identify 1 or 2 families of school-age children (age 5 and in kindergarten, or ages 6 through 12) in your care to complete the family questionnaire.

Please make sure to only share the family questionnaire with families that have school-age children (age 5 and in kindergarten, or ages 6 through 12) in your care. If you care for multiple families with school-age children, you may pick which two families to invite. The family questionnaire should be completed by the person most responsible for the care of the school-age child when they are not in your care (for example, the child’s parent or guardian). This person should be 18 years old or older.

**Step 2:** Give the identified family(ies) a family questionnaire packet. [IF PROVIDER CARES FOR FAMILIES WHO SPEAK SPANISH AT HOME AND FAMILIES WHO SPEAK ENGLISH AT HOME: Give the family either the English or Spanish version depending on the family’s preferred language.]

**Step 3:** Ask families to read the flyer and consent letter.

For families who agree to participate, ask them to:

* + - 1. Fill out and sign the consent form and be sure to include their phone number, email address, and physical address. This information will help the study team send them the gift card.
1. Fill out the family questionnaire by [DATE].
2. Put the completed consent form and family questionnaire in the provided envelope and seal it.
3. Return the sealed envelope to you so you can return it to the study team at Mathematica.
4. [IF PHASE ONE: Expect a study team member from Mathematica to call or email them to schedule a WebEx call to learn about their experience completing the family questionnaire. They should keep the second copy of the family questionnaire to have on hand during this call.]

**Step 4:** Place each sealed envelope collected from families into the prepaid return envelope and ship it to the study team at Mathematica.

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

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 J.2.

Family questionnaire participation checklist

J.2 Family questionnaire participation checklist

**HBCC-NSAC Toolkit Pilot Study family questionnaire participation checklist**

Thank you for your interest in the Home-Based Child Care Toolkit for Nurturing School-Age Children family questionnaire! Use the checklist below to track your study activities.

* Confirm that you are the correct person to complete the family questionnaire. Are you 18 years old or older and the child(ren)’s primary caregiver?
* If yes, complete the steps below.
* If no, please give this checklist and the rest of family questionnaire packet to the person who is at least 18 years old and is most responsible for the child(ren)’s care.
* Read the family flyer and consent letter. If you agree to participate:
* Fill out the family consent form and be sure to include your phone number, email address, and physical address so the study team can send you your gift card.
* Fill out the family questionnaire.
* Put your completed family consent form and family questionnaire in the envelope provided and seal it.
* Return the sealed envelope with the completed family consent form and family questionnaire to your child’s provider. If you’d rather return your completed consent form and family questionnaire to the study team at Mathematica directly, please call [STUDY PHONE NUMBER] or email [STUDY EMAIL] to request pre-paid mailing materials.
* [IF PHASE ONE: Expect a study team member from Mathematica to call or email you to schedule a WebEx call to learn about your experience completing the family questionnaire or call [PHONE NUMBER] to schedule your WebEx call with the study team. Keep the second copy of the family questionnaire to have on hand during this call.]

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

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