

Appendix E

Consent letters and forms

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Appendix E.1

**The Home-Based Child Care Toolkit for Nurturing School-Age
Children Study provider consent letter and consent form**

E.1 The Home-Based Child Care Toolkit for Nurturing School-Age Children Study provider consent letter and consent form

The Home-Based Child Care Toolkit for Nurturing School-Age Children Study provider consent letter

The Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) Study is conducted by Mathematica for the Office of Planning, Research, and Evaluation within the Administration for Children and Families at the U.S. Department of Health and Human Services (HHS). We developed the HBCC-NSAC Toolkit to help home-based providers identify their caregiving strengths and areas for growth. The HBCC-NSAC Toolkit is for home-based providers who are at least 18 years old and who care for at least one school-age child (age 5 and in kindergarten, or ages 6 through 12) who is not their own for at least 10 hours per week and for at least 8 weeks in the past year. These providers may also care for under school-age children (ages birth through 5 and not yet in kindergarten).

We invite you to take part in the HBCC-NSAC Toolkit Study. Study activities consist of:

1. A telephone call that you already completed with a study team member who explained the study and talked about your interest in and eligibility for the study.
2. Completing the HBCC-NSAC Toolkit provider questionnaire, which will take about 50 minutes.
3. Sharing the family survey with eligible, English-speaking families.
4. [IF OBSERVATION: An observation visit to your home. This includes a 10-minute scheduling call. A study team member will plan to be at your home for about 3 to 4 hours. Information from the visit will be used to help us understand how providers like you care for children for this study and will not be shared or used for monitoring or assessment purposes.]

After you complete the provider questionnaire, you will receive a [IF OBSERVATION: \$70] [IF NO OBSERVATION: \$65] gift card as a thank you. As a thank you for sharing the family survey with families, we will send you an additional \$10 gift card. [IF OBSERVATION: You will also receive a \$10 gift card for scheduling the observation visit at the time of the visit.]

Your participation is completely voluntary. You can choose to not respond to any question if you wish. There are no right or wrong answers to any of the questions. You may withdraw from the study at any point without consequences. There are no benefits or risks to participation.

We will keep your responses private to the extent permitted by law. We will not share your responses with others who participate in the study, including family members of the children in your care.

In the future, responses from the study (with nothing identifying individuals) may be securely shared with qualified individuals for additional learning purposes to better understand how the provider questionnaire works. We may also produce reports for ACF that will describe what we learn from responses to the provider questionnaire [IF OBSERVATION: and observation visits], but we will not quote or attribute responses to specific people by name.

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. HHS may ask for data for an

audit or evaluation. If they do, we will need to provide it. However, only HHS staff involved in the review will see it.

With your permission, we will text you about [IF OBSERVATION: the observation visit and] [ALL: the provider questionnaire and family surveys] (for example, reminders). You will have the ability to opt out of text messages at any time.

If you have any questions about the HBCC-NSAC Toolkit Study, you may contact the project director Ashley Kopack Klein, at [STUDY EMAIL] or [STUDY PHONE NUMBER]. This study has been reviewed and approved by the Health Media Lab Institutional Review Board.

We hope you will take part in this study. [IF PAPER: Please sign the attached consent form and return it to the study team with your completed provider questionnaire. You may also provide consent online and complete your provider questionnaire online.] Thank you!

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 XXXX-XXXX and the expiration date is XX/XX/20XX.

The Home-Based Child Care Toolkit for Nurturing School-Age Children Study provider consent form

I understand the contents of the Home-Based Child Care Toolkit for Nurturing School-Age Children Study provider consent letter. I understand what I will be asked to do and I agree to participate in the study.

Provider name (print) _____

Provider Signature _____ *Date* _____

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 XXXX-XXXX and the expiration date is XX/XX/20XX.

Appendix E.2

**The Home-Based Child Care Toolkit for Nurturing School-Age
Children Study family consent letter and consent form**

E.2 The Home-Based Child Care Toolkit for Nurturing School-Age Children Study family consent letter and consent form

The Home-Based Child Care Toolkit for Nurturing School-Age Children Study family consent letter

The Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) Study is conducted by Mathematica for the Office of Planning, Research, and Evaluation, within the Administration for Children and Families at the U.S. Department of Health and Human Services (HHS). We developed the HBCC-NSAC Toolkit to help home-based providers identify their caregiving strengths and areas for growth. As part of the study, we want to include families with school-age children (age 5 and in kindergarten, or 6 through 12) who receive care in a home, for example, from a licensed family child care provider or from a family member, friend, or neighbor. By families, we mean the person most responsible for the care of the school-age child when they are not in child-care (for example, the child's parent or guardian). This person should be 18 years old or older.

We invite you, the child's parent/guardian, to take part in the HBCC-NSAC Toolkit Study. As part of the study, you will complete the family survey that asks about your experiences having your child(ren) in home-based care. Completing the family survey will take about 15 minutes. You will receive a total of \$15 in gift cards (\$5 pre-paid gift card and \$10 gift card after completing the family survey) as a thank you.

You may complete the family survey online, on paper, or over the phone with a trained interviewer. If you complete it on paper, you will return the completed survey to your child's HBCC provider using a self-seal envelope provided by the study team. Your child's provider will know that you participated in the study, but your child's provider will not know how you responded to the survey if you seal your completed survey inside the envelope before returning it to your child's provider.

Your participation is completely voluntary. You can choose to not respond to any question if you wish. There are no right or wrong answers to any of the questions. You may withdraw from the study at any point without consequences. There are no benefits or risks to participation.

We will keep your responses private to the extent permitted by law. We will not share your responses with others who participate in the study, including the child care provider who cares for your child(ren).

In the future, survey responses from the study (with nothing identifying individuals) may be securely shared with qualified individuals for additional learning purposes to better understand how the study instruments work. We may produce reports for ACF that will describe what we learn from responses to the family survey as a group, but we will not quote or attribute comments to specific people by name.

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. HHS may ask for data for an audit or evaluation. If they do, we will need to provide it. However, only HHS staff involved in the review will see it.

If you have any questions about the HBCC-NSAC Toolkit Study, you may contact the project director, Ashley Kopack Klein, at [STUDY EMAIL] or [STUDY PHONE NUMBER]. This study has been reviewed and approved by the Health Media Lab Institutional Review Board.

We hope you will take part in this study. [IF PAPER: Please sign the attached consent form and return it to your child's provider with your completed family survey in the sealed envelope. You may also provide consent online and complete your family survey online.] Thank you!

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 XXXX-XXXX and the expiration date is XX/XX/20XX.

The Home-Based Child Care Toolkit for Nurturing School-Age Children Study family consent form

I am 18 years old or older, and I am a parent or guardian for a school-age child in home-based child care.

I understand the contents of the Nurturing School-Age Children in Home-Based Child Care Study family consent letter. I understand what I will be asked to do and I agree to participate in the study.

Parent or guardian name (print) _____

Parent or guardian phone number (print) _____

Parent or guardian email address (print) _____

Parent or guardian mailing address (print):

Street: _____

City: _____

State: _____

Zip: _____

Parent or guardian signature _____ Date _____

[IF PAPER: Please return this signed consent form with your family survey in the sealed envelope.]

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 XXXX-XXXX and the expiration date is XX/XX/20XX.