

P.O. Box 2393
Princeton, NJ 08543-2393
Telephone (609) 799-3535
Fax (609) 799-0005
www.mathematica-mpr.com

BABY FACES SPRING 2018 CONSENT LETTER

We invite you and your child to take part in the Early Head Start Family and Child Experiences Survey 2018 (Baby FACES). We are inviting you because your child is in an Early Head Start program that is participating in this study.

Baby FACES seeks to learn more about the families in Early Head Start and about the kinds of services Early Head Start provides to families with infants and toddlers. This study will help Early Head Start serve all children and their families better. The Administration for Children and Families, part of the U.S. Department of Health and Human Services (DHHS), is funding Baby FACES. Mathematica Policy Research, an independent firm, is conducting the study.

If you agree to participate in this study...

We will interview you by phone. We will ask you questions about your family's activities and routines, about your feelings, and about your health. We will also ask you to fill out a short questionnaire about the kinds of things your child can do. The telephone interview will be about half an hour, and the written questionnaire will take closer to 15 minutes. Both will be in either English or Spanish. As a thank you for your help, we will give you \$25 after you complete the interview and fill out the questionnaire.

We will ask your child's Early Head Start teacher or home visitor some questions, and (if your child is in a classroom that is part of the study) we will conduct an observation of that classroom. You can choose whether you and your child will be part of the study. Your participation is completely voluntary. There are no direct risks or benefits to participating. All information collected during the course of Baby FACES will be kept private to the extent permitted by law. Your choice will not affect the Early Head Start services you and your child receive. If at any point you decide to leave the study, that is okay. No one from Early Head Start will see or hear your answers. We will only report the results for parents and children as a group.

We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your privacy. This means no one can force the study team to give out information that identifies you, even in court. However, we may need to share your information if it shows a serious threat to you or to others, including reporting to authorities when required by law. The United States government may still request information for an audit.

Baby FACES has been given Institutional Review Board (IRB) approval by Health Media Lab Institutional Review Board. If you have any questions about the Baby FACES study or about your rights as a research participant, please call Laura Kalb, the survey director, toll free at 1-833-453-1808.

We hope you will agree to help us with this with this important project. Please sign the enclosed consent form and return it to your child's home visitor or teacher right away. Thank you!

CONSENT FORM

I have read this consent form and understand what I am being asked to do. I understand that my child and I will take part in this study. I also agree to have Baby FACES researchers collect some information from my child's Early Head Start teacher or home visitor. I also agree to participate in the study by completing a survey and a parent-child report. I understand that I may withdraw this consent at any time without penalty.

1. Parent/Guardian Signature: _____	Date: _____		
2. Parent/Guardian Name: (PRINT) _____			
3. Relationship to Child: _____			
4. Home Phone: _____	Cell Phone: _____		
Email: _____	Permission to text at above number: Yes No		
5. Address: _____	Street Address	Apt. #	City, State _____ Zip Code
6. Child's Name: (if applicable) (PRINT) _____			
7. Child's Gender: (if applicable)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
8. Child's Age: (if applicable) _____			
9. Child's Birthday/Expected Date of Birth: _____	Month	Day	Year
10. What language would you like us to interview you in?	 <input type="checkbox"/> English <input type="checkbox"/> Spanish		

This collection of information is voluntary and will be used to learn more about the experiences of families and children served by the Early Head Start program. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 number and expiration date for this collection are OMB #: 0970-0354, Exp: 9/30/2019.