

ATTACHMENT 3. PARENT CONSENT FORM



LETTER TO:

FROM:

DATE:

PAGE: 3

BABY FACES SPRING 2020 CONSENT LETTER (CENTER-BASED FAMILIES)

We invite you and your child to take part in the Early Head Start Family and Child Experiences Survey 2020 (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 take 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 some questions, and 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 will combine all the information we collect without your name or other identifying information, to use in future research. No one will be able to know that you participated in this study or find out what answers you gave.

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 teacher right away or complete the consent form at www.XXXXXXXXXX.XXX and let your home visitor know that you have provided consent online. Thank you!



MATHEMATICA
Policy Research

LETTER TO:

FROM:

DATE:

PAGE: 5

BABY FACES SPRING 2020 CONSENT LETTER (HOME-BASED FAMILIES)

We invite you and your child to take part in the Early Head Start Family and Child Experiences Survey 2020 (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 take 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 home visitor some questions about your family and her experiences working with you and your child.

We would like to visit your home and ask you to do a short activity with your child that we will video record. While we are in your home, we will also observe and audio record one of your home visits. We will archive the video and audio recordings for future research. We will give you \$35 to thank you for letting us come into your home for these activities.

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 or be provided with any information about you or your child. We will only report the results for parents and children as a group. We will combine all the information we collect without your name or other identifying information, to use in future research. No one will be able to know that you participated in this study or find out what answers you gave.

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.

LETTER TO:

FROM:

DATE:

PAGE: 6

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 right away or complete the consent form at www.XXXXXXXXXX.XXX and let your home visitor know that you have provided consent online. 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 1) completing a survey and a parent-child report and 2) permitting Baby FACES researchers to visit me in my home to video record an activity I conduct with my child and observe and audio record a home visit. 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 Sex: (if applicable) ☐ Male ☐ 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?	
	☐ English	☐ Spanish

If you prefer to give your consent electronically, please go to [www\xxxxxx\xxxx](http://www.xxxxxx\xxxx)

Log In ID: XXXXXXXXXXXXX

Password: XXXXXXXXXXXXX

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: XX/XX/XXXX.

