

**ATTACHMENT 6**

**FACES 2019 CHILD ROSTER FORM FROM HEAD START STAFF**

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**NOTE:** For each selected classroom or home visitor, a Field Enrollment Specialist (FES) will request the names and dates of birth of each child enrolled from a Head Start staff person (typically the On-Site Coordinator). The attached child roster form is an example of the information required for sampling children. The Head Start staff person may provide this information in various formats such as print outs from an administrative record system or photocopies of hard copy lists or records. Therefore, the Head Start staff person will not physically fill out the attached child roster form. The FES will use a tablet computer to enter this information into a web-based sampling program. The program will randomly select children for participation in the study. The FES will then enter each selected child's sex, home language, and parents' names into the sampling program. Finally, the FES will ask the Head Start staff person to identify any siblings among the selected children. The FES will identify the sibling groups in the sampling program and the sampling program will then randomly drop all but one member of each sibling group, leaving one child per family.

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**FACES 2019**  
**CHILD ROSTER FORM**  
 [PROGRAM]  
 [CENTER]  
 [CLASSROOM]

**INSTRUCTIONS:**

1. For each selected classroom or home visitor, record in the sampling website each child's name and date of birth in columns A and B. Please be sure to include all children in the selected classrooms or home visitors' case load, even if not in a Head Start funded slot.
2. Ask the On-Site Coordinator (OSC) for the date (month and year) each child first enrolled in preschool Head Start. Record this date in column C.
3. Ask the OSC whether the child participated in Early Head Start (EHS) and record the response in column D.
4. For each child, ask the OSC, "Please tell me which funding streams support CHILD NAME's participation in TEACHER'S NAME'S classroom for the portion of the day that this classroom includes any Head Start children OR provides Head Start services?" Record the response in column E.
5. Once children are selected for each classroom and home visitor, record the required information in columns G-J for selected children only. In Column I, please record the name of at least one parent.
6. Ask the OSC if any students in any of the selected classrooms or home visitors' case loads are siblings. If so, in Column J, record the number that corresponds to that child's sibling. The FACES 2019 definition of siblings is any set of children who live in the same household and are cared for by the same primary caregiver(s).

|            |           |                                 |  |   |  | SELECTED CHILDREN ONLY      |                             |   |                       |              |   |
|------------|-----------|---------------------------------|--|---|--|-----------------------------|-----------------------------|---|-----------------------|--------------|---|
| A          |           | B                               | C  | D   | E  | F                           | G                           | H   | I                     |              | J   |
| Child      |           |                                 |  |   |  |                             |                             |   | Parent(s)/Guardian(s) |              |   |
| First Name | Last Name | Date of Birth<br>Month/Day/Year | Date Child<br>First Enrolled<br>in Preschool<br>Head Start<br>Month/Year | Did child<br>participate in<br>Early Head<br>Start?<br>(Y=Yes,<br>N=No,<br>DK=Don't know) | Child's Funding<br>HS-- Head Start<br>PK-- Pre-K (state<br>or local)<br>CS-- Child care<br>subsidies<br>O-- Other (specify)<br>(list all that apply) | Check<br>Box if<br>Selected | Sex<br>(M=Male<br>F=Female) | Home Language<br>E - English<br>S- Spanish<br>O - Other | First Name(s)         | Last Name(s) | Siblings<br>(indicate row<br>number of<br>sibling(s)) |
| 1.         |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 2.         |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 3.         |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 4.         |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 5.         |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 6.         |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 7.         |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |

|            |           |                                 |  |   |  | SELECTED CHILDREN ONLY      |                             |   |                       |              |   |
|------------|-----------|---------------------------------|--|---|--|-----------------------------|-----------------------------|---|-----------------------|--------------|---|
| A          |           | B                               | C  | D   | E  | F                           | G                           | H   | I                     |              | J   |
| Child      |           |                                 |  |   | Child's Funding<br>HS-- Head Start<br>PK-- Pre-K (state<br>or local)<br>CS-- Child care<br>subsidies<br>O-- Other (specify)<br>(list all that apply) |                             |                             | Home Language<br>E - English<br>S- Spanish<br>O - Other | Parent(s)/Guardian(s) |              |   |
| First Name | Last Name | Date of Birth<br>Month/Day/Year | Date Child<br>First Enrolled<br>in Preschool<br>Head Start<br>Month/Year | Did child<br>participate in<br>Early Head<br>Start?<br>(Y=Yes,<br>N=No,<br>DK=Don't know) |  | Check<br>Box if<br>Selected | Sex<br>(M=Male<br>F=Female) |   | First Name(s)         | Last Name(s) | Siblings<br>(indicate row<br>number of<br>sibling(s)) |
| 8.         |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 9.         |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 10.        |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 11.        |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 12.        |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 13.        |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 14.        |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 15.        |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 16.        |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 17.        |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 18.        |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 19.        |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |
| 20.        |           |                                 |  |   |  | <input type="checkbox"/>    |                             |   |                       |              |   |

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