

Attachment 34

**AIAN FACES 2019 Fall 2021 Special Child Roster Form
from Head Start Staff**

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NOTE: An AIAN FACES study liaison will request from a Head Start staff member (typically the on-site coordinator, known as the OSC) the names, dates of birth, preschool Head Start enrollment dates, participation in Early Head Start, funding sources, and mode of instruction received for each child assigned to a lead teacher or home visitor who has been selected. The OSC should include in the lists for each teacher or home visitor any children who are enrolled but do not receive instruction or home visits; for example, children who receive food services only. The OSC should also include each child's sex, home language, and parents' names and contact information. Finally, the liaison will ask the OSC to identify any siblings among the children. The liaison 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 selected as a study participant. Children who are not selected (and are not dropped as part of a sibling group) will be retained as backups and may be released into the sample if parental consent rates for the selected children are lower than expected. The attached child roster form is an example of the information required for sampling children. The OSC will provide this information via a secure file sharing website. Once the information is provided, the liaison will enter it into a web-based sampling program. The program will randomly select children for participation in the study.

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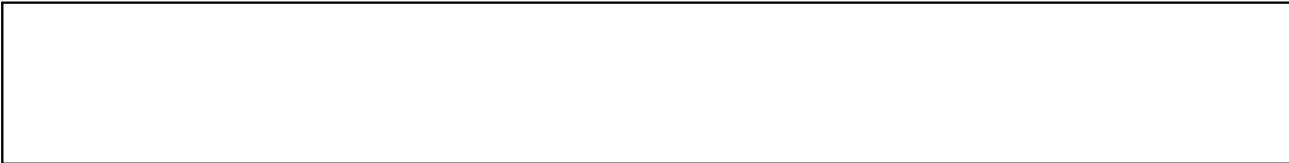
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A		B	C	D	E	F	G	H	I	J		K	L	K
Child									Parent(s)/Guardian(s)					
First Name	Last Name	Date of Birth Month/Day/Year	Date Child First Enrolled in Preschool Head Start Month/Year	Did child participate in Early Head Start? (Y=Yes, N=No, DK=Don't know)	Child's Funding HS-- Head Start PK-- Pre-K (state or local) CS-- Child care subsidies TF--Tribal funds O-- Other (specify) (list all that apply)	Instruction type (I= in person V= virtual/remote H= hybrid N= no instruction)	Check Box if Selected	Sex (M=Male F=Female)	Home Language E - English S- Spanish O - Other	First Name(s)	Last Name(s)	Telephone number	Email address	Siblings (indicate row number of sibling(s))
6.							<input type="checkbox"/>							
7.							<input type="checkbox"/>							
8.							<input type="checkbox"/>							
9.							<input type="checkbox"/>							
10.							<input type="checkbox"/>							
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19.							<input type="checkbox"/>							
20.							<input type="checkbox"/>							

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to provide descriptive information about Head Start programs and the families they serve. Public reporting burden for this collection of information is estimated to average 20 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 #: 0970-0151, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Lizabeth Malone, Mathematica, 1100 1st Street, NE, 12th Floor, Washington, DC 20002.

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