

SUPPORTING STATEMENT PART A FOR

Revision to OMB Number 0584-0580

**WIC Infant and Toddler Feeding Practices Study-2 (WIC ITFPS-2):
Age 3 Extension**

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12/08/2014

Table of Contents

<u>Part</u>		<u>Page</u>
A	Justification.....	1
A.1	Circumstances making the collection of information necessary.....	1
A.2	Purpose and Use of the Information.....	2
A.3	Use of information Technology and Burden Reduction.....	3
A.4	Efforts to identify Duplication and Use of Similar Information.....	4
A.5	Impacts Small Business or other Small Entities.....	4
A.6	Consequences of Collecting the Information Less Frequently.....	4
A.7	Special Circumstances relating to the Guidelines of 5 CFR 1320.5.....	5
A.8	Responses to the Federal Register Notice and Efforts to Contact Outside Agencies.....	6
A.9	Explanation of Any Payment or Gift to Respondents.....	7
A.10	Assurance of Confidentiality Provided to Respondents.....	7
A.11	Justification for Sensitive Questions.....	8
A.12	Estimates of Respondent Burden Including Annualized Hourly Cost.....	9
A.13	Estimates of Other Total Annualized Cost Burden.....	10
A.14	Annualized Cost to the Federal Government.....	11
A.15	Explanation for Program Changes or Adjustments.....	11
A.16	Plans for Tabulation and Publication and Project Time Schedule.....	12
A.17	Reason Display of OMB Expiration Date is Inappropriate.....	13
A.18	Exceptions to Certification for Paperwork Reduction Act Submissions.....	13

Appendices

- A.1 Pretest 30 month survey - English
- A.2 Pretest 30-month survey - Spanish
- B.1 Participant Flyer - English
- B.2 Participant Flyer - Spanish
- C.1 Consent/Contact information - English

**Contents
(continued)**

Appendixes

Page

- C.2 Consent/Contact information - Spanish
- D.1 24-month survey (new contact module) - English
- D.2 24-month survey (new contact module) - Spanish
- E.1 Contact information form (27- & 33-months) - English
- E.2 Contact information form (27- & 33-months) - Spanish
- F.1 30-month advance letter - English
- F.2 30-month advance letter - Spanish
- G.1 30-month interview - English
- G.2 30-month interview - Spanish
- H.1 Reminder scripts (telephone, text, emails and post cards) - English
- H.2 Reminder scripts (telephone, text, emails and post cards) - Spanish
- I.1 36-month advance letter - English
- I.2 36-month advance letter - Spanish
- J.1 36-month participant interview - English
- J.2 36-month participant interview - Spanish

- K.1 Birthday card - English
- K.2 Birthday card - Spanish
- L Contact information request
- M Announcement to States
- N Letter to States
- O Height/Weight data request to States

**Contents
(continued)**

<u>Appendices</u>	<u>Page</u>
P Agenda for State conference call	
Q Announcement to WIC sites	
R Extension letter to WIC sites	
S HT/WT request attachment to WIC sites	
T Agenda for WIC sites conference call	
U.1 HT/WT measurement letter to respondents - English	
U.2 HT/WT measurement letter to respondents - Spanish	
V.1 HT/WT measurement card - English	
V.2 HT/WT measurement card - Spanish	
W.1 HIPAA letter/form - English	
W.2 HIPAA letter/form - Spanish	
X Provider data request form	
Y.1 Comment #1 to 60-Day Notice	
Y.2 Comment #2 to 60-Day Notice	

- Z NASS comments
- AA Westat Confidentiality/Non-disclosure agreement
- BB IRB approval letter
- CC Cross-walk to approved materials

Tables

A8.1	Consultants from outside the agency.....	7
A.12.1	Reporting estimates of hour burden and annualized costs to respondents.....	10
A16.1	Data Collection and Reporting Schedule.....	12
A16.2	Research questions, principal data sources, and reports.....	12

Part A Justification

A.1 Circumstances making the collection of information necessary

Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Reference the appropriate section of each statute and regulation mandating or authorizing the collection of information.

This is a revision of a currently approved study (informally named the “Age 3 Extension”). This revision will extend the longitudinal data collection of the cohort of infants up to 3 years of age.

The Base and Age 3 Extension **Infant and Toddler Feeding Practices Study-2 (ITFPS-2)** affirms the USDA’s Food, Nutrition and Consumer Services’ (FNCS) 2010 fourth strategic goal which ensures that all of America’s children have access to safe, nutritious and balanced meals.¹ The Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296, Sec. 305) mandates programs under its authorization, including WIC, to cooperate with USDA program research and evaluation activities. The Age 3 Extension will provide the data to answer research questions relevant to WIC program and policy as well as the nutrition and wellbeing of children up to their 3rd birthday.

The United States Department of Agriculture’s (USDA) Special Supplemental Nutrition Program for Women, Infants and Children (WIC) serves a highly-vulnerable population: low-income pregnant and post-partum women, infants, and children through their fifth birthday who are at nutritional risk. The program provides supplemental food packages, health referrals and

¹FNCS Corporate Priorities FY 2010 Guide (April 2010). USDA Food, Nutrition, and Consumer Services. Available at: <http://www.fns.usda.gov/ora/menu/gpra/FY2010PrioritiesGuide.pdf>. Accessed on: 5/13/2011.

nutrition education for participants. The goal of the current **WIC Infant and Toddler Feeding Practices Study-2 (WIC ITFPS-2)**, called the “Base Study”, (ICR Reference No. 201208-0584-002 and 201306-0584-008; Expiration date: 05/31/2016) is to examine infant and toddler feeding behaviors and associated decision making from birth to 2 years of age.

The Age 3 Extension will involve: (1) collecting participant contact information at the 24-month interview to ensure participants can be located and interviewed when their child is 30 months old; (2) conducting two follow-up telephone interviews with the mother/caregiver when the child is 30 and 36 months old; and (3) obtaining height and weight measurements at 36 months on each child from WIC administrative records, direct measurements at WIC sites, or health care provider records

A.2 Purpose and Use of the Information

Indicate how, by whom, how frequently, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.

Information collected in the Base study will provide FNS with information on the factors that influence feeding practices and the nutrition and health outcomes of infants and toddlers in the first two years of their lives. The Age 3 Extension study will expand the data collection to their third year of life.

Research Design: The current cohort in the Base study was a national probability sample of WIC participants. The target study participant is the child. We will collect data on the participants in two ways:

- **Interviews:** The mothers/caregivers of the cohort of children in the Base study will be asked to provide updated contact information at the 24-month interview and complete telephone interviews when their child is 30 and 36 months old. The items included in the interviews at 30 and 36 months have either been cognitively tested

for previously approved interviews in the Base study, drawn from other established studies, or modified versions of established questions. Therefore, expert review will be conducted to evaluate comprehensibility, and English and Spanish pre-testing will evaluate timing and flow of the 30-month interview (Appendices A.1 and A.2). Both interviews will include questions to address the three research domains: background and environmental characteristics that influence child feeding practices; the impact of WIC on infant feeding practices; and nutrition and health outcomes of children. Both the 30- and 36-month telephone interviews will be conducted using a Computer-Assisted Telephone Interview (CATI). All participant communication materials and surveys are included in Appendices B–K. If we are unable to contact WIC participants, we will request their contact information from WIC site staff (Appendix L). All communication materials informing State and WIC site staff of the study extension are included in Appendices M–T. See Appendix CC for a crosswalk of materials approved under the Base study that have been revised for the Age 3 Extension.

- **Height and Weight Measurements:** The study will collect data from WIC administrative records on children’s weight and height at 36 months of age (Appendix O) to calculate body mass index (BMI) in order to assess the impact of feeding practices on weight status. At 36-months about 40 percent of children will no longer be on WIC and parents/caregivers will be asked during the 36-month interview to bring their child to the WIC clinic to be measured (Appendix J). The contractor, Westat, will send parents/caregivers a letter (Appendix U) and self-addressed postage-paid measurement card (Appendix V) and ask them to take the card to their WIC site or provider and have them record the measurements and send back to Westat. For those children who are unable to visit the clinic, we will ask the parent/caregiver to sign a Health Insurance Portability and Accountability Act (HIPAA) release form (Appendices W.1–W.2) to allow the study to request these measurements from the child’s health care provider (Appendix X).

Purpose of the Information: The information will be a valuable asset to policymakers, WIC Program Staff, health professionals, and the research community. Policymakers and WIC Program Staff will use the findings to design and shape the program to ensure participants’ health and nutrition needs are being met. Health professionals will be able to use the information to shape their interactions with this highly-vulnerable population, and researchers will be able to further analyze the study data and further

contribute to the knowledge base regarding this high-risk, vulnerable population.

A.3 Use of information Technology and Burden Reduction

Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also, describe any consideration of using information technology to reduce burden.

Almost all of the data collected for this study reduces participant burden through the use of Information Technology. Specifically, this Age 3 Extension will collect data in the following ways:

1. Computer-Assisted Telephone Interviews (CATI) with WIC Participants
2. Height and weight data from WIC administrative records
3. Height and weight data from health care provider records and
4. Height and weight measurements taken at WIC sites.

For the CATI surveys, WIC participants will speak with an interviewer on the phone and will not have to write down or enter any information other than notes to help with recalling information. We anticipate 100 percent of WIC participants will submit responses electronically. The State Agencies, health care providers, and WIC sites will provide height and weight data to the contractor using a secure file transfer protocol (FTP) site exchange, a secure fax machine, or a verbal report by phone. We expect about 97 percent of this group will submit responses using these methods. These approaches are consistent with the data transfer protocol used in the Base study.

A.4 Efforts to identify Duplication and Use of Similar Information

Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purpose described in item 2 above.

Every effort has been made to avoid duplication. Through careful review of the data requirements, we have determined that no current data are similar to that proposed for collection in this study.

A.5 Impacts Small Business or other Small Entities

If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

The data collection plan has no impact on small businesses or other small entities.

A.6 Consequences of Collecting the Information Less Frequently

Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

If the study is not conducted at this time, USDA's Food and Nutrition Service (FNS) will not have current information on the feeding practices and dietary intakes of WIC infants and toddlers or WIC operations for making policy decisions about WIC services and nutrition education. Dietary patterns of WIC infants were examined nearly 20 years ago; much has changed during

that time. With over 50 percent of the nation's infants enrolled in WIC and increasing rates of obesity in young children, it is critical to understand the nutritional intakes and feeding patterns of WIC participants. The information is essential for policy makers and program staff making decisions about program design. They will use the information to develop appropriate and effective prevention strategies aimed at improving the health of young children.

A.7 Special Circumstances relating to the Guidelines of 5 CFR 1320.5

Explain any special circumstances that would cause an information collection to be conducted in a manner:

- **Requiring respondents to report information to the agency more often than quarterly;**
- **Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**
- **Requiring respondents to submit more than an original and two copies of any document;**
- **Requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;**
- **In connection with a statistical surveys, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**
- **Requiring the use of a statistical data classification that has not been reviewed and approved by OMB;**
- **That includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**

- **Requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

WIC participants will be asked to complete two telephone interviews (when the target child is 30 and 36 months old). If a participant has dropped out of WIC, it also includes time to have their child measured at the WIC site office for height and weight (HT/WT) or sign the HIPPA form to allow the contractor to request their child's height and weight measurements from the child care provider. This data collection design is necessary to capture children's eating patterns and weight status.

There are no other special circumstances relating to the Guidelines of 5 CFR 1320.5. This request fully complies with 5 CFR 1320.5.

A.8 Responses to the Federal Register Notice and Efforts to Contact Outside Agencies

If applicable, identify the date and page number of publication in the Federal Register of the agency's notice, soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments.

Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting form, and on the data elements to be recorded, disclosed, or reported.

In accordance with 5 CFR 1320.8(d), FNS published a notice on 10/6/2014 in the Federal Register Volume 79, Number 193, Pages 60129-60131. FNS received two comments, included in Appendices Y.1 and Y.2. Neither commenter included contact information, and therefore, we were unable to

respond directly to their comments. The first commenter pointed out the importance of providing the participants measuring guides so they can accurately report at the 36-month interview the amount of foods their children consumed the previous day. The study is currently providing participants a variety of measuring guides for reporting portion sizes, including (1) the USDA Food Model Booklet (a book of drawings of cups, mugs, bowls, and plates in various sizes and shapes), (2) a set of measuring cups and measuring spoons, (3) a household teaspoon and tablespoon, and (4) a 12-inch ruler. The second commenter was positive about the study and did not have any issues with the study design. The information collection request has been reviewed by (Tom Pordugal, 202-690-3623) with the National Agricultural Statistics Service (NASS) of USDA with special reference to the statistical procedures (Appendix Z). FNS convened a Peer Advisory Panel (PAP) of experts in September 2014. The panel reviewed the Age 3 Extension study research plan and provided guidance on critical issues related to the successful conduct of the extension. The panel represented a wide variety of expertise which is described in Table A8.1.

Table A8.1. Consultants from outside the agency

Name	Affiliation	Area of Expertise
Sally Findley	Columbia University 212-304-5790	Research design and methodology
Larry Grummer-Strawn	Centers for Disease Control and Prevention 770. 488. 5702	Major population studies on infant feeding
Suzanne Murphy	Cancer Research Center of Hawaii 808-564-5861	Nutrition
Zoe Neuberger	Center on Budget and Policy Priorities 202-408-1080	WIC research and policy
Peggy Trouba	Nebraska State WIC Director (402)471-2781	WIC operations and data systems

A.9 Explanation of Any Payment or Gift to Respondents

Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

The incentive amounts for this study are based on methodological research which suggests the potential for response bias in longitudinal studies can be minimized with increased incentives over time. This study's complex design requires participation of the same individuals over time to produce high quality estimates of longitudinal patterns of behavior. Participants are asked to engage in multiple data collection events per year, during specified windows of time, and during a period in their lives when they face competing demands from young children and other family and work obligations. These respondents are exerting unusual effort, and therefore, the potential for response bias among subsets of participants must be avoided proactively to ensure high quality data. As approved under the previous OMB package, in the Base study respondents are provided with incentives of \$20 for each interview from the prenatal through the 24-month interview, and are provided with an additional \$10 when using their own cell phones to offset the cost of use of personal cell phone minutes. Experience with this study sample is demonstrating that respondent fatigue with the burden involved in the number of interviews, and therefore the potential for response bias, has intensified with the 18-month interview (and we project will worsen with the 24-month interview). Increasing the size of the incentive should help keep more respondents engaged and minimize response bias in the study over time, including for the subgroup with relatively more financial resources for whom a \$20 incentive may be less valued over time. Study participants will receive \$30 for the 30-month interview and \$40 for the 36 month interview, and will be provided with an additional \$10 to offset the cost of use of their personal cell phone minutes each time they use their own cellphone to complete a telephone interview.² Child height and weight measurements are critical to the study. Consequently, study participants who drop out of WIC but are willing to bring their child to the WIC site for measurements, an activity requiring the burden of both time and travel with the child, will receive an additional incentive of \$20, plus \$10 for transportation costs. For participants who drop out of WIC and cannot go to the WIC site for measurement, these participants will receive \$20 for returning a HIPAA form authorizing a request for height and weight measurements from

²This strategy received OMB approval, and has been used successfully on the FNS Evaluation of the Healthy Incentive Pilot (HIP).

providers. We will also provide participants with \$5 for completing and returning the contact information forms at 21, 27, and 33 months. Participants will continue to receive these incentives on their reloadable debit card provided for the Base study. Finally, women who do not have a telephone to use to complete the telephone interviews will be given a prepaid cellphone valued at \$100.00 to communicate with study researchers during the field period. We will ask participants to return the phone at the completion of the study. Table A9.1 shows the events that involve participant incentives and the associated incentive amounts.

This incrementally increasing incentive plan for interviews is comparable to that of other previously conducted longitudinal studies with similar populations or similar data collection requirements. The USDA Healthy Incentives Pilot (HIP), which surveyed SNAP participants in Massachusetts, used a similar incentive strategy longitudinally. Like the WIC ITFPS-2 sample, these participants were low income and highly mobile. HIP respondents were provided a \$20 incentive for the baseline telephone interview, which obtained a 63% response rate. To take proactive steps to reduce the possibility of response bias, incentives were increased after baseline. A \$30 incentive was provided for the Round 2 interview (conducted 3-6 months after baseline) which achieved a response rate of 83%. A \$40 incentive was provided for the Round 3 interview (conducted 11-13 months after baseline), which achieved a response rate of 81%.

The Study of Mothers and Children in Palm Beach County was a 5-year longitudinal survey (2005-2009) of low-income mothers of newborns in Palm Beach County, comprised of yearly in-person interviews. A cash incentive of \$25 was provided to the mothers in years 1-3. Response rates for eligible respondents were 94% for the baseline interview, 91% for Year 2, and 85% for Year 3. To help reduce the possibility of response bias, particularly through loss to follow-up of the most mobile participants, the incentive was increased to \$35 for Years 4 and 5. A response rate of 82% was achieved for Year 4 and 85% for Year 5.

The CDC National Health and Nutrition Evaluation Survey (NHANES) is an example of a study that involves having parents accompany children to have

physical measurements completed on the children. In the 2013-2014 data collection, NHANES provided parents an incentive of \$20 for bringing children to be measured, and an additional \$25 - \$70 for transportation costs depending on the distance traveled.

Table A9.1. Participant Incentives by Event

Event	Average Hours per Response	Fielding Period	Incentive Amount
21-Month Contact Information Form	.1	April 2015-April 2016	\$5
27-Month Contact Information Form	.1	July 2015-Oct. 2016	\$5
30-Month Interview	.5	Oct. 2015-Jan. 2017	\$30
<i>Personal cellphone minute costs for 30-month interview</i>	N/A	Oct. 2015-Jan. 2017	\$10
33-Month Contact Information Form	.1	Jan. 2016-Apr. 2017	\$5
36-Month Interview	.5	Apr. 2016-July 2017	\$40
<i>Personal cellphone minute costs for 36-month interview</i>	N/A	Apr. 2016-July 2017	\$10
Child Measurements at WIC Site ^a	1	Apr. 2016-July 2017	\$20
<i>Transportation costs for travel to WIC site for measurements</i>	N/A	Apr. 2016-July 2017	\$10
Return of HIPAA authorization for provider measurements ^b	.05	Apr. 2016-July 2017	\$20

^aIf no longer on WIC, participants will be asked to bring children to the WIC site for height/weight measurements.

^bIf no longer on WIC, and not able/willing to return to the WIC site for child measurements, participants will be asked to give permission for the study to request height/weight measurements from providers.

A.10 Assurance of Confidentiality Provided to Respondents

Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

Study participants will be subject to assurances as provided by the Privacy Act of 1974 (5 USC §552a), which requires the safeguarding of individuals against invasion of privacy; these assurances will be documented in an informed consent form (Appendices C.1-C.2). In addition, all Westat project staff and subcontractors have signed a confidentiality and nondisclosure

agreement (Appendix AA). We will ensure the privacy and security of electronic data during the data collection and processing period following the system of record notice (SORN) titled FNS-8 USDA/FNS Studies and Reports.³ Names and phone numbers will not be linked to participants' responses, survey respondents will have a unique ID number, and analysis will be conducted on data sets that include only respondent ID numbers. All data will be securely transmitted to Westat via secure fax, FTP site, or phone; and will be stored in locked file cabinets or password-protected computers, and accessible only to Westat project staff. Names and phone numbers will be destroyed within 12 months after the end of the collection and processing period (approximately 12/2017). Westat's Institutional Review Board (IRB) serves as the organization's administrative body and all research involving interactions or interventions with human subjects is within its purview. A copy of the IRB approval letter is in Appendix BB.

A.11 Justification for Sensitive Questions

Provide additional justification for any questions of a sensitive nature, such as sexual behavior or attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

In general, questions on the WIC participant and WIC program representative questionnaires are not considered to be sensitive. Participants can choose to not answer any question, and to not participate in the study. The majority of questions required for the HIPAA form if needed to request height and weight measurements from providers in the 30- and 36-month surveys were cognitively tested for the Base study, and no participants expressed unwillingness to answer the questions. The remaining questions were drawn

³Published in the Federal Register on April 25, 1991 (56 FR 19078).

from established studies with similar populations and will undergo expert review for comprehensibility.

A.12 Estimates of Respondent Burden Including Annualized Hourly Cost

Provide estimates of the hour burden of the collection of information. The statement should:

- **Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB Form 83-I.**
- **Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories.**

The target participant is the child. We will collect information about the child from the mother/caregiver, WIC administrative records, WIC sites, and health care providers. Table A.12.1 presents the number of respondents, frequency of response, and annual hour burden to collect these data. The assumptions used to estimate burden are based on Westat's professional experience and input from Public Health Foundation Enterprise for WIC (PHFE-WIC), and are footnoted in Table A.12.1

- **WIC Participants.** The sample size of WIC participants is 4,050 (4 in pretest and 4046 from the Base sample). Approximately 2,580 WIC participants will complete the 30-month interview and 2,444 will complete the 36-month interview. The sample size and expected number of respondents for each data collection activity is based on the response rates presented in Table B2.3. Participant burden includes time to read communication materials, provide contact information at the 24-month interview, and complete two additional telephone surveys. If a participant has dropped out of WIC, it also includes time to have their child measured at the WIC site office for height and weight (HT/WT) or sign the HIPPA form to

allow the contractor to request their child's height and weight measurements from the child care provider.

- **WIC Program Representatives.** A total of 27 State **WIC data managers** will complete requests for height and weight data from administrative records and 80 WIC site staff will provide contact information for the study participants and assist in weighing and measuring children who are no longer enrolled in WIC but revisit the clinic to be weighed and measured.
- **Health Care Providers.** Up to 157 health care provider data managers will respond to requests for child's height and weight data.

The estimated annualized cost for this collection is \$42,741.12. This includes \$36,467.04 for Individual/Household at \$7.25 per hour for WIC participants (average national minimum wage); \$6,051.34 for State, Local & Tribal Government at \$53.15 per hour for state and local WIC administrators and WIC data managers (job category "Management Occupations" code #11-0000)⁴; and \$222.74 for Business at \$13.61 per hour for WIC site staff and health care provider data managers (job category "Healthcare Support Occupations" code #31-0000). No respondents will be asked to keep records of data; therefore no burden hours have been estimated for recordkeeping.

A.13 Estimates of Other Total Annualized Cost Burden

Provide estimates of the total annual cost burden to respondents or record keepers resulting from the collection of information, (do not include the cost of any hour burden shown in items 12 and 14). The cost estimates should be split into two components: (a) a total capital and start-up cost component annualized over its expected useful life; and (b) a total operation and maintenance and purchase of services component.

⁴May 2013 National Occupational Employment and Wage Estimates for the United States, available at www.bls.gov/oes/current/oes_nat.htm.

There are no capital/start-up or ongoing operation/maintenance costs associated with this information collection.

A.14 Annualized Cost to the Federal Government

Provide estimates of annualized cost to the Federal government. Also, provide a description of the method used to estimate cost and any other expense that would not have been incurred without this collection of information.

Total annual cost to the federal government is \$747,322. Contractor costs associated with this study total \$3,130,472 over 4.4 years, with an estimated \$711,471 annual cost to the federal government. This is based on an estimate of 28,626 labor hours, with a salary range of \$24.92- \$283.32 per hour and includes instrument development; data collection and retention; analysis; reporting; and overhead costs, including computing, copying, supplies, postage, shipping, incentives, and other miscellaneous items. The cost of the FNS employee, Social Science Research Analyst, involved in project oversight with the study is estimated at GS-13, step 1 at \$43.09 per hour based on 2,080 hours per year. We anticipate this person will work 832 hours per year for 4 years for a combined total of 3,328 hours. The annual cost for the FNS employee is \$35,851. Federal employee pay rates are based on the General Schedule of the Office of Personnel Management (OPM) for 2014 for the Washington DC locality.

A.15 Explanation for Program Changes or Adjustments

Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB Form 83-1.

This is a revision of a currently approved data collection. The current burden inventory is 5,131 and the requested burden estimate as a result of program

changes is 5408.56 rounded up to 5,409 which is an increase of 278 burden hours. This request also reflects an increase in the number of responses. The current total number of responses is 36,108 and the requested number of responses is 45,077, an increase of 8,969 responses. However, there is a decrease of 122 total annual responses. This adjustment is due to the removal of the non respondent response for the State and Local WIC-Screener, Staff, Personnel Non-Response group. and a decrease of -122 which reflects an overall increase of 8,847. The program changes are due to substantive revisions contained in this phase of the study (Age-3 Extension) as well as changes to the instruments (adding and deleting instruments and or questions). As a result of these changes the number of respondents and responses increased.

A.16 Plans for Tabulation and Publication and Project Time Schedule

For collections of information whose results are planned to be published, outline plans for tabulation and publication.

Table A16.1. Data Collection and Reporting Schedule

Activity	Schedule
Pretesting	October 28, 2014
Mail out Participant Flyer and consent	3 months after OMB approval
24-Month Survey	6 months after OMB approval
Final 36-month Report	42 months after OMB approval
Final Combined Report	45 months after OMB approval

Table A16.2 presents an overview of the objectives, data collection activities, and study reports that will aid FNS to understand and plan improvements to the WIC program, its technical assistance, and future research. Findings will be published in peer reviewed reports, professional journals and publications intended for general audiences such as nutrition educators. Final reports will be posted on the FNS web site.

Table A16.2. Research questions, principal data sources, and reports

Research questions	Data sources	Reports
1. How do feeding practices vary with working and childcare circumstances?	■ Participant Survey: 30 months	Final 36-month Final Combined
2. What are the main barriers to eating healthy?	■ Participant Survey: 30 months	Final 36-month Final Combined
3. What is the influence of parenting and broader environmental factors such as the media, on early dietary behaviors that may affect child obesity?	■ Participant Survey: 30 months	Final 36-month Final Combined
4. What is the impact of participation in other federal food benefit programs on feeding practices and health outcomes?	■ Participant Survey: 30 months	Final 36-month Final Combined
5. Does continued participation in WIC lead to better eating behaviors and health outcomes?	■ Participant Survey: 30 months	Final 36-month Final Combined

Table A16.2. Research questions, principal data sources, and reports (continued)

Research questions	Data sources	Reports
6. Does continued participation in WIC have a positive corollary effect on access to healthcare and continuity of care?	■ Participant Survey: 30, 36 months	Final 36-month Final Combined
7. What is the nutrient intake of 3 year olds?	■ Participant Survey: 36 months	Final 36-month Final Combined
8. What are the meal and snack patterns?	■ Participant Survey: 36 months	Final 36-month Final Combined
9. How do feeding practices impact children's weight and growth?	■ Participant Survey: 30, 36 months ■ Height/weight measurements	Final 36-month Final Combined

A.17 Reason Display of OMB Expiration Date is Inappropriate

If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

All data collection instruments will display the OMB approval number and expiration date.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

Explain each exception to the certification statement identified in Item 19 “Certification for Paperwork Reduction Act.”

There are no exceptions to the Certification for Paperwork Reduction Act (5 CFR 1320.9) for this study.