

The Early Head Start Family and Child Experiences Survey (Baby FACES)—2018

**OMB Information Collection Request
0970-0354**

Supporting Statement Part A

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Submitted By:
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A1. Necessity for the Data Collection

The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) seeks approval to collect descriptive information for the Early Head Start Family and Child Experiences Survey 2018 (Baby FACES 2018). The goal of this information collection is to provide updated nationally representative data on Early Head Start (EHS) programs, staff, and families to guide program planning, technical assistance, and research. The data collection for this request will be in 2018 (upon OMB approval of the request). We anticipate another information collection with a new cross-sectional sample of EHS programs in 2020 (Baby FACES 2020); however, we expect to focus on different research areas for that collection. Therefore, this request is for data collection that will occur in 2018; we will submit a separate request for the information collection for 2020. The 60-day Federal Register Notice for this request appears in Appendix A.

Study Background

In October 2015, OPRE awarded a contract to Mathematica Policy Research to carry out Baby FACES 2018 and Baby FACES 2020. The proposed data collection builds upon a prior study (Baby FACES 2009; also under OMB 0970-0354) that longitudinally followed two cohorts of children through their experience in the EHS program. We learned a great deal about program participation over time and about services received by children and families. However, the earlier design did not allow for national-level estimates of service quality, nor inferences about children who enter the program after 15 months of age. To fill these knowledge gaps and to answer additional questions about how programs function, the Baby FACES 2018 design will include a cross-section of a nationally representative sample of programs, centers, home visitors, teachers, classrooms, and children and families (including pregnant women). This will allow nationally representative estimates at all levels at a point in time and will include the entire age span of enrolled children. It will also aid ACF with planning, training and technical assistance, management, and policy, which is particularly important given the recent implementation of the new Head Start Program Performance Standards and adoption of the Head Start Early Learning Outcomes Framework.

Baby FACES 2018 is guided by a comprehensive conceptual framework for the EHS program that the study team developed in consultation with content experts. This conceptual framework illustrates how program processes and activities are expected to lead to high quality service delivery and enhanced family and infant/toddler outcomes for the program overall. The study team also developed finer-grained “sub-frameworks” to identify specific research questions of interest for Baby FACES 2018 to explore. The conceptual framework and sub-frameworks are in Appendix C (Figures 1-3) of this request.

Legal or Administrative Requirements that Necessitate the Collection

There are no legal or administrative requirements that necessitate the collection. ACF is undertaking the collection at the discretion of the agency.

A2. Purpose of Survey and Data Collection Procedures

Overview of Purpose and Approach

The overarching purpose of the Baby FACES studies is to provide knowledge about EHS children and families, and the EHS programs and staff who serve them. The Baby FACES collection of information on EHS programs extends the work of the Family and Child Experiences Survey (FACES), which has a similar purpose for Head Start programs. The ongoing series of Baby FACES data collections is aimed at maintaining up-to-date core information on EHS over time while also focusing on different areas of interest. The Baby FACES studies began with Baby FACES 2009. That was a longitudinal descriptive study that followed children and families through participation in the program and focused on whether child and family wellbeing and outcomes changed over time. Baby FACES 2018 and future requests have been redesigned to provide cross-sectional descriptive information and a point in time picture of EHS across all participants, with a particular focus on understanding the processes in EHS core services (classrooms and home visits) that support infant and toddler development; namely, nurturing relationships between children and caregivers. With this new focus, Baby FACES 2018 will take a more in depth look at classrooms while Baby FACES 2020 will take a more in depth look at home visiting.

Previously Approved Request

Baby FACES 2009 (0970-0354, approved 10/21/2008) was the first nationally representative descriptive study of EHS programs. Using a longitudinal cohort design, it included a sample of 89 programs and nearly 1,000 children from two birth cohorts (newborns and 1-year-olds) and followed them annually throughout their enrollment in the program (2009–2012). Areas of focus for this study were to understand the services offered to families, training and credentials of staff, and the quality of services provided. Another aim was to describe the EHS population and to use the longitudinal design to examine changes over time in child and family functioning, along with possible associations between these changes and aspects of the program and services received.

Baby FACES 2009, which concluded in 2015, provided rich descriptive information on the EHS program, families' participation in it, and the amount and quality of services provided (see Vogel et al. 2011, Vogel et al. 2015a, and Vogel et al. 2015b).

Current Request

Baby FACES 2018 builds on prior and current studies being conducted by ACF. It will build on descriptive information from Baby FACES 2009; the 2018 round allows ACF to gather nationally representative information about EHS families and programs. It will also provide information on EHS-Child Care Partnership grantees, which will be sampled for Baby FACES 2018. Similar to Baby FACES 2009 and Baby FACES 2018, the separately conducted Family and Child Experiences Survey (FACES) (OMB #0970-0151) looks at Head Start programs and the children they serve (ages three to five) to fill out the birth to five age spectrum.

The study team will carry out a descriptive study that includes a nationally representative sample of EHS programs, centers, home visitors, teachers, classrooms, and children and families

(including pregnant women) and answers new questions about how EHS programs function. The current request aims to provide an overall picture of how EHS programs are serving children and families with a special focus on how classrooms and home visits support infant-toddler development through responsive relationships. The study will address this goal through the collection of rich information using interviews, self-administered questionnaires, classroom observations, and administrative data sources. This approach will allow ACF to capture important information about EHS services, families, and children across all service options (i.e., center-based, home-based, mixed), as well as in depth information about how EHS classrooms and teacher-child relationships support infant/toddler development.¹ Specifically, we propose the following data collection activities, which we would carry out in winter and spring 2018 (after OMB approval):

- Three initial activities will facilitate sampling and prepare for the data collection:
 - A classroom/home visitor sampling form from EHS staff (Attachment 1), which we will use to sample centers, classrooms, teachers, and home visitors²
 - A child roster form from EHS staff (Attachment 2), which we will use to sample children and their parents as well as pregnant women
 - A parent consent form (Attachment 3), which we will use to request consent for the parent and his or her child to participate in the study
- A parent survey (Attachment 4) that gathers information about child and family socio-demographic characteristics; parents' health and well-being; household activities, routines, and climate; parents' relationships with EHS staff, and parents' engagement with and experiences in the program
- A self-administered Parent Child Report (Attachment 5) that will provide information on sampled children's language and social-emotional development, child health and well-being, parenting stress, parents' perceptions of their relationship with their child, and social support. Pregnant women will not be asked to complete the Parent Child Report but will report on their perceptions of social support in the parent survey.
- A staff survey of teachers (teacher survey; Attachment 6a) and home visitors (home visitor survey; Attachment 6b) sampled from centers and programs, respectively. Teachers and home visitors will provide information about the staff development and training provided by their program, curricula and assessments they use, the organizational climate of their program, languages spoken by the children and families they work with, and their health, and background information. In addition, teachers will provide information about the characteristics of and routines used in their classrooms and their beliefs about infant and toddler development.
- A Staff Child Report for each sampled child completed by either his or her assigned teacher (Staff Child Report-Teachers; Attachment 7a) or home visitor (Staff Child Report-Home Visitors; Attachment 7b). Teachers and home visitors will provide information on children's

¹ Future information requests will include observations of EHS home-visits and the parent-child relationship.

² The classroom/home visitor sampling form is used after EHS programs are sampled using publicly available administrative data. See Supporting Statement Part B for a complete description of the sampling process.

language and social-emotional development, developmental screenings and referrals, perceived relationship with the child's parents, and the family's engagement with the program. In addition, teachers will report on their perceptions of their relationship with the child, and home visitors will provide information about their provision of services to families in the past four weeks (including topics and activities covered, referrals, alignment of visit content to planned goals, and frequency and modes of communication) (home visitors will also complete a briefer version for pregnant women)

- A program director survey (Attachment 8) to understand program functioning and how programs support the quality of EHS services, including program goals, plans, decision-making processes, training, and professional development, among others
- A center director survey (Attachment 9) to understand use of curriculum, organizational climate, staff qualifications, and similar topics related to how centers support quality of EHS classrooms
- Observations of quality in classrooms, which will be conducted directly by study team staff visiting the classroom and will not impose burden on participating EHS staff beyond the forms described above
- Linking data collected at the program level to administrative data provided by programs in the Program Information Report (PIR) to reduce burden on program staff

Future Request

We intend that Baby FACES 2018 will be part of a repeated cross-section of nationally representative samples of programs, centers, home visitors, teachers, children and families. We plan to conduct a second data collection in spring 2020 (Baby FACES 2020) to collect descriptive information at another point in time and to examine change over time at an aggregate level. Although Baby FACES 2020 will be similar in many ways to the current request, it will take a more in-depth look at home visiting quality and the parent-child relationships that home visiting fosters. Both the current and future requests will describe how EHS programs are serving children and families by collecting detailed information through interviews, self-administered questionnaires, observations, and administrative data sources. However, while Baby FACES 2018 will collect some information about home visits in programs with home-based services, it will take a more in-depth look at how classrooms in programs with center-based services support infants and toddlers. Accordingly, a key purpose of Baby FACES 2020 will be to gather more in-depth information on home visits, including their quality and how they foster parent-child relationships.

Research Questions

Working collaboratively with ACF and the Baby FACES technical work group (see Table A.2), we developed the broad conceptual framework for EHS that depicts how and why program services are expected to lead to positive outcomes for infants and toddlers and their families (see Appendix C). The building blocks of the conceptual framework for EHS include multiple layers: the resources, assets, contributions, and information available to achieve program goals (inputs); the plans and activities, services, and processes designed to achieve program goals (activities); the direct, tangible results of program efforts, such as level of service delivery and participation

(outputs); and the benefits of program participation for children and families (enhanced outcomes). The conceptual framework shows the pathways from inputs for operating EHS programs to program goals of achieving enhanced outcomes for children and families.

Guided by the broad conceptual framework for EHS, we then developed two sub-frameworks that guide the redesign of Baby FACES (from longitudinal in 2009 to cross-sectional in 2018-2020) and serve as a road map for the topics of interest in Baby FACES 2018 and 2020 (see Appendix C). In developing these sub-frameworks, we identified constructs that are considered to be most important to capture to answer study questions. ACF's priorities for Baby FACES 2018 and Baby FACES 2020 are the processes in classrooms and home visits that support responsive relationships: teacher-child relationships, staff-parent relationships, and parent-child relationships. The overarching research question for both Baby FACES 2018 and Baby FACES 2020 is: *How do EHS services support infant/toddler growth and development in the context of nurturing, responsive relationships?* Baby FACES 2018 will focus on a more in-depth look at classrooms and Baby FACES 2020 will focus on a more in-depth look at home visits.

Table A.1 lists high-level research questions that align with the broad conceptual framework and particularly the sub-frameworks to examine program processes, program functioning, and classroom/home visit processes that lead to responsive relationships and ultimately enhanced infant/toddler outcomes and family well-being. Detailed lists of the specific research questions for the center-based and home-based options are in Appendix C (Tables 1 and 2, respectively). The research questions in those tables map to the research question numbers in the conceptual sub-frameworks in Appendix C (Figures 2 and 3).

Table A.1. Research questions for Baby FACES 2018 and 2020

Service characteristics

How do EHS classrooms and home visits support infant/toddler growth and development in the context of nurturing, responsive relationships?

- What is the quality of relationships between EHS children and their caregivers (e.g., parents and teachers) and relationships between parents and their home visitors?
- How does EHS support these relationships in classrooms and home visits?
- How do these relationships relate to the development of infants/toddlers in EHS?

Program processes and functioning

How do program-level processes and functioning support the development of nurturing, responsive relationships in classrooms and home visits?

- How do program leadership, planning, culture, staff training, technical assistance, etc., support quality and the development of responsive relationships between children and their caregivers and between parents and home visitors?

Infant/toddler outcomes and family well-being

How are EHS infants and toddlers faring in key domains of development and learning (e.g., language and social-emotional development)? How are EHS families functioning (e.g., social/economic well-being, family resources and competencies)?

- What do parent-child relationships and home environment look like among EHS families?
- How are parent-child relationships and family well-being associated with the development of infants/toddlers in EHS?

These questions address gaps in the research literature that we identified at the end of Baby FACES 2009 (Xue et al. 2015). The unique developmental characteristics of infants and toddlers require a focus on developing and supporting relationships between young children and caregivers because sensitive and responsive relationships with caregivers are critical for the healthy development of young children (Horm et al. 2016). Thus, relationship-based care practices are a priority area for practice and policy in child care settings for infants and toddlers (Sosinsky et al. 2016). At the center of relationship-based care practices in EHS are the supports for parents, teachers/home visitors, and children to build relationships with one another. Therefore, in Baby FACES 2018 and 2020, we will focus on teacher-child relationships, parent-staff relationships, and parent-child relationships and how program processes and functioning support the development of these nurturing, responsive relationships in classrooms and home visits. We will also address questions of how these relationships relate to outcomes for infants/toddlers in EHS and their families.

The prior study enabled us to examine nationally representative estimates of the programs and two different age cohorts (newborns and one-year-olds at study enrollment) and concerned different questions about longitudinal experiences of families in programs. The current design allows for nationally representative measures at all levels (program, center, classroom, teacher/home visitor, and child/family). It also enables us to examine program processes that are hypothesized to enhance family and child outcomes and to observe the strength of associations between processes and outcomes.

Study Design

Baby FACES is a nationally representative, descriptive study of EHS providing rich information to guide program planning, technical assistance, and research. It describes the key characteristics of families served in EHS, investigates what services are offered and their quality, describes how EHS children and families are faring, and explores associations between the type and quality of services and child and family well-being.

Baby FACES 2009 was a longitudinal study that followed nearly 1,000 children in two cohorts (newborns and one-year-olds) through their experience in the EHS program. The longitudinal design included a sample of 89 programs and a census of children in the two birth cohorts within each. It collected data from programs, parents, and staff (teachers and home visitors of study children) as well as classroom and home visit quality and services offered by programs and received by families. It was focused on measuring how children and families fared over time and what were the type, frequency and quality of the services received during enrollment.

Baby FACES 2018 and 2020 will shift the focus to examine the core services offered by the program and how program processes support relationships (for example, between home visitors and parents, between parents and children, and between teachers and children) that are hypothesized to lead to improved child and family outcomes. To address these questions, the study will employ a cross-sectional approach, capturing descriptive data on EHS programs, centers, home visitors, classrooms and teachers and the families, children, and pregnant women at a single point in time. The descriptive study will involve collecting quantitative information at all of these levels using nationally representative samples that will allow national-level estimates as well as exploration of associations across different levels. Baby FACES 2009 did not sample

at the teacher and home visitor level, and therefore could not report nationally representative findings at this level. The current request covers the Baby FACES 2018 data collection. A future request will cover Baby FACES 2020.

The design includes surveys of program directors, center directors, teachers, home visitors, and parents. It also includes observations of EHS center-based classroom quality, home visit quality (via observation in Baby FACES 2020), and parent and staff reports of child development. The surveys are quantitative using established scales with known validity and reliability whenever possible. Gathering information from the perspective of the staff member about children's development and about the relationship with the family will be critical to address research questions about the associations between the staff-family relationship, family engagement with the program, and outcomes.

This will be the first time there is nationally representative information available about teachers/classrooms and home visitors in the EHS program. The administrative data currently available for EHS programs do not provide the depth or richness we need to answer the research questions. This information is needed because there is almost no information available at a national level about EHS teachers/classrooms and home visitors. We need information about staff and service quality that is linked to the sampled programs to address the research questions and understand how program processes support staff and their relationships with children and families.

Because there are few instruments to measure the constructs of interest at the program or center level, we have worked extensively with experts to identify potential measures and, in some cases, to develop items tapping these constructs. This effort fills a gap in the knowledge base about EHS program processes and will answer questions about relationships between program characteristics and other levels of the conceptual framework.

The study design will enable us to describe the program overall and at each of the levels noted above. It will not enable us to make conclusions about causal associations (or the direction of associations) between and among various program processes, classroom/home visit quality, and outcomes. However, it will allow us to explore hypotheses about the strength of association among these components. In the next section, we briefly describe each data collection instrument we plan to use. Part B of the Supporting Statement contains more detailed information about the design of the sample.

Our objective is a nationally representative sample of 140 programs. Based on test samples of PIR data we expect 88 percent of programs to provide center-based services and 67 percent to provide home-based with 55 percent providing both. This will result in a sample of 123 programs offering center-based and 94 programs offering home based (77 providing both). We will sample an average of 4 centers per program to achieve 493 centers in total, and 1.7 classrooms per center on average for a total of 840 classrooms (and teachers). We will sample 6.7 home visitors on average per program or 630 in total. Within the sample of home visitors in each program, we will select three of them from which to sample children. We expect to sample a total of 3,465 children in this manner (three children per classroom or home visitor). These figures do not take into account response rates that we expect (and thus may differ slightly from figures in Table A.4) and that we discuss further in Supporting Statement Part B.

Universe of Data Collection Efforts

Previously Approved Data Collection Requests

Baby FACES 2009 was a descriptive study of EHS programs with a representative sample of programs and children in two age cohorts: perinatal (pregnant women within two months of their due date and the infants up to two months after birth) and age 1 (children between 10 and 14 months of age); with both cohorts followed until children reached age 3 or left the program. Baby FACES 2009 included interviews each spring over four years with program directors, teachers, and home visitors assigned to study children, as well as with parents. The interviews gathered information about a wide range of topics, including descriptive data about programs, children's and families' demographic characteristics and well-being, family needs and how they change over time, and services received. Baby FACES 2009 also conducted observations of the quality of classrooms and home visits annually starting when the child was one year old. When children were ages 2 and 3, it also conducted observations of parent-child interactions, direct assessments, of children's auditory comprehension, receptive language (age 3 only), and pre-verbal communication/early language development. Other components of the data collection included measuring the child's height and weight, and observational assessment of the child's social/emotional development and home environment. Staff completed a weekly report on the services offered to and received by study families throughout children's enrollment in the program, including the number of classroom days offered and that children attended and the number of home visits offered and received by families. Appendix H includes a table of all the instruments included in Baby FACES 2009.

Current Data Collection Request

Baby FACES 2018 builds on the work done for Baby FACES 2009. We developed new and revised instruments to reflect the changes between the two studies in research questions (including the new emphasis on learning more about how EHS programs support responsive relationships between children and caregivers) and study design (moving from a longitudinal to a cross-sectional design). The instruments also reflect lessons learned from Baby FACES 2009. Appendix C (Tables 3 and 4) includes a crosswalk between the research questions, the constructs of interest, the measures used, and the survey instrument(s) that will capture them. To the extent possible, we drew on survey items used in Baby FACES 2009 and other prior studies and standardized measures of particular constructs. The survey instruments and forms (Attachments 1-9) are annotated to identify sources of questions from existing studies as well as questions we developed for this study. Next, we briefly describe each of the instruments included in this information request.

Program Information Report (PIR). The PIR is an administrative data system for the Head Start program as a whole that includes data collected annually from all programs. We will use the most recent PIR to select a sample of programs by deriving an initial sample frame from the PIR and then by using program characteristics from the PIR as explicit and implicit stratification variables (we describe this approach in detail in Section B1 of Supporting Statement Part B). We will also use program characteristics from the PIR as data in the analysis, including program size, location, population served, and percentage of children who have a medical home. There is no burden to study participants associated with the collection of PIR data

for Baby FACES (the information is already collected by Head Start programs as approved under OMB #0970-0427).

Classroom/home visitor sampling form from EHS staff (Attachment 1). We will ask staff at each sampled EHS program to fill out this form, listing all of the centers and home visitors, along with characteristics such as the number of classrooms (for centers) and size of caseload and whether they provide services to pregnant women (for home visitors).

Child roster form from EHS staff (Attachment 2). After sampling centers, classrooms, and home visitors, we will ask EHS program staff to fill out the child roster form, listing all children in the sampled classrooms and all children and pregnant women receiving services from the sampled home visitors. Information from this form will be used to select families for inclusion in the study.

Parent consent form (Attachment 3). After sampling children and pregnant women, we will ask each child's parent and each pregnant woman to fill out and sign a form indicating their consent to participate in the study.

Parent survey (Attachment 4). We will conduct a 30-minute telephone survey interview with parents of sampled children or with pregnant women. We expect responses from a total of 2,310 parents of children across the 140 programs, about 16.5 per program. We will ask parents about child and family socio-demographic characteristics; their health and well-being; household activities, routines, and climate; their relationships with EHS staff and their engagement with and experiences in the program. This will provide information at the child/family level that will be important for understanding linkages and associations among family characteristics, program experiences, and outcomes.

Parent Child Report (Attachment 5). The Parent Child Report is a 15-minute self-administered questionnaire, available in paper form, that we expect 2,310 parents of sampled children to complete. The Parent Child Report will collect information about their child's language and social-emotional development; their child's health and well-being; parenting stress; parents' perceptions of their relationship with their child; and social support.³

Staff survey (Teacher survey and Home Visitor survey) (Attachments 6a and 6b). We will conduct 30-minute in-person staff surveys with 798 teachers (teacher survey) and 599 home visitors (home visitor survey). The surveys will provide information about the staff development and training offered by their program, curricula and assessments they use, the organizational climate of their program, languages spoken by the children and families they work with, and their health and background information. In addition, teachers will also provide information about the characteristics and routines used in their classrooms and their beliefs about infant and toddler development. We will link the information gathered in the teacher survey to observed quality in the classroom. We will report data gathered from the staff surveys descriptively as well as in analyses examining associations among different sample levels and moderators. Field staff who are on-site for data collection will administer the paper surveys in person.

³ Pregnant women sampled for the study will not be asked to complete the Parent Child Report. However, they will report on their perceptions of social support in the parent survey.

Staff Child Report (Attachments 7a and 7b). The Staff Child Report is a 15-minute self-administered survey that is available on the web and in paper form. It will ask teachers to report on all of their sampled children and a subsample of home visitors to report on their sampled families, which will total 1,097 staff completing 2,742 Staff Child Reports. These reports focus on each child's language and social-emotional development, developmental screenings and referrals, perceived relationship with the child's parents, and the family's engagement with the program. In addition, teachers will report on their perceptions of their relationship with the child, and home visitors will provide information about their provision of services to families in the past four weeks (including topics and activities covered, referrals, alignment of visit content to planned goals, and frequency and modes of communication). Home visitors will complete a briefer version for pregnant women that excludes the reports of the child's development. Field staff will collect the paper forms before they leave the program site.

Program director survey (Attachment 8). The 30-minute program director survey will be administered via the web with the option of in-person follow-up for those who do not respond on the web. This survey will document program goals, program decision-making, staff supports, and use of data. Program directors will also be asked to provide information about home visiting curricula and home visitor professional development, parent involvement, and program processes for supporting responsive relationships. We expect 140 program directors to participate in this survey.

Center director survey (Attachment 9). The 20-minute center director survey will be web-based with the option for in-person follow-up for those who do not respond on the web. This survey will document aspects of the center such as use of curricula in classrooms, and teacher professional development. We expect 493 center directors to complete this survey.

Classroom observations. We will use two classroom observation tools to capture teacher-child relationships: the Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT) measure (Atkins-Burnett et al. 2015) and the infant and toddler versions of the Classroom Assessment Scoring System (CLASS), the CLASS-Toddler (La Paro et al. 2012) and the CLASS-Infant (Jamison et al. 2014). The Q-CCIIT is a new measure developed under contract with ACF and the CLASS-Infant and Toddler are downward extensions of the widely used preschool version of the CLASS measure. We will use both the CLASS and the Q-CCIIT for Baby FACES 2018 to advance scientific knowledge and expand information about the validity of both measures. These observations do not impose any burden on respondents.

The Q-CCIIT assesses the quality of child care settings for infants and toddlers in center-based settings and family child care homes—specifically, how a given caregiver interacts with a child or group of children in nonparental care. The Q-CCIIT measures caregivers' support for social-emotional, cognitive, and language and literacy development, as well as areas of concern (such as harshness, ignoring children, and health and safety issues). There is no burden to study participants associated with the collection of data using the Q-CCIIT.

The CLASS-Toddler and the CLASS-Infant measure the quality of teacher-child interactions in toddler and infant classrooms in center-based settings and family child care homes. The toddler version includes two domain scores: (1) Engaged Support for Learning (facilitation of learning and development, quality of feedback, and language modeling); and

(2) Emotional and Behavioral Support (positive and negative climate, teacher sensitivity, regard for children’s perspectives, and behavior guidance). The infant version includes only one domain score—Responsive Caregiving (sensitivity, language stimulation, scaffolding, and relational climate). There is no burden to study participants associated with the collection of data using the CLASS-Toddler or Infant.

Future Data Collection Request

Because the overall purpose of both Baby FACES 2018 and Baby FACES 2020 is to describe how EHS programs are serving children and families, our future request will likely include instruments to collect data from individuals at the same levels as the current request, including parents, teachers, home visitors, program directors, and center directors. The instruments will likely measure the same constructs, but with revisions to the items based on lessons learned from Baby FACES 2018. We will also revise the instruments to reflect the change of in-depth focus from classrooms in Baby FACES 2018 to home visiting in Baby FACES 2020. Some expected results of this change in focus in Baby FACES 2020 are that we plan to add a measure of the parent-child relationship based on an observation of the interaction between the parent and child conducted in the child’s home. We also plan to add appropriate measures of home visit quality. We expect to select these measures based on lessons from other government efforts currently underway, such as the Mother and Infant Home Visiting Program Evaluation (MIHOPE) (OMB #0970-0402).

A3. Improved Information Technology to Reduce Burden

The data collection will use a variety of information technologies to reduce the burden of participating on respondents. Program director and center director surveys as well as Staff Child Reports will include a web-based mode as an option to complete the survey. We will conduct parent surveys using computer-assisted telephone interviewing. We will not include a web-based mode for the parent survey or Parent Child Report. Studies of similar populations found low response rates via the web. We will conduct staff surveys (teacher and home visitor surveys) in person as part of the on-site data collection; as a result, a web-based mode is not necessary for these surveys.

A4. Efforts to Identify Duplication

There is no other current or planned effort to collect nationally representative, descriptive information about EHS programs, centers, classrooms, teachers, home visitors, or the children/families they serve. None of the study instruments asks for information that is available from alternative data sources, including administrative data. We will use existing administrative information as much as possible, primarily for constructing the sample frame and for some basic program characteristics. Specifically, PIR data provide information about EHS programs at the program-level only (no classroom/teacher, home visitor, child or family level data are available through PIR or other administrative data sources). We will use the PIR data for sampling and to obtain basic descriptive information about programs’ structural characteristics and enrollment. None of the program-level information to be collected under this request (e.g., through the program director survey) duplicates data collected in PIR or other administrative data sources. Additionally, the design of the study instruments ensures minimal duplication of data collected across instruments and does so only in cases in which we need the perspective of more than one

type of respondent to answer specific research questions. For example, we ask questions about the perceived parent-staff relationship from both the parent and the associated staff member (teacher or home visitor). We also ask parents and staff to report on children's language and social-emotional development. Parent and staff ratings draw on children's behaviors and interactions with familiar adults in different contexts (such as in the home for home visitor ratings, the classroom for teacher ratings, and multiple contexts for parents). Collecting data from both parents and staff will capture a more complete picture of children's development.

A5. Involvement of Small Organizations

Most of the EHS programs and child care centers included in the study will be small organizations, including community-based organizations and other nonprofits. We will minimize burden for respondents by restricting the length of survey interviews as much as possible, conducting survey interviews on-site or via telephone at times that are convenient to the respondent, and providing some instruments in a web-based format.

A6. Consequences of Less Frequent Data Collection

No nationally representative information has been collected on EHS classrooms, home visitors, families, or children, since the conclusion of Baby FACES 2009 in 2012. Baby FACES 2018 will take place six years after the last round of data collection. During this period, EHS has experienced major changes, including an expansion of the program, implementation of new program performance standards, and other policy changes.

A7. Special Circumstances

There are no special circumstances for this data collection.

A8. Federal Register Notice and Consultation

Federal Register Notice and Comments

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), ACF published a notice in the Federal Register announcing the agency's intention to request an OMB review of this information collection activity. This notice was published on April 14, 2017, Volume 82, Number 71, page 18000, and provided a 60-day period for public comment. A copy of this notice is attached as Appendix A. The comments received during the notice and comment period and the ways they were addressed are included in Appendix B.

Consultation with Experts Outside of the Study

We consulted with experts to complement our team's knowledge and experience (Table A.2). Consultants included researchers with expertise in EHS and child care more broadly, child development, family engagement, and classroom and home visit processes. We also engaged experts with specialized knowledge and skills in the areas of research design and data collection methods/measurement relevant to this work.

Table A.2. Baby FACES 2018 technical work group members and outside experts

Name	Affiliation
Catherine Ayoub	Harvard Medical School, Massachusetts General Hospital, Boston Children's Hospital
Sandra Barrueco	Department of Psychology, Catholic University of America
Margaret Burchinal	Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill
Rachel Chazan Cohen	Department of Curriculum and Instruction, College of Education and Human Development, University of Massachusetts Boston
Anne Duggan	Department of Population, Family and Reproductive Health, Bloomberg School of Public Health, Johns Hopkins University
James Elicker	Department of Human Development and Family Studies, College of Health and Human Sciences, Purdue University
Brenda Jones Harden	Department of Human Development and Quantitative Methodology, College of Education, University of Maryland
Carolyn Hill	MDRC; McCourt School of Public Policy, Georgetown University
Diane Horn	Early Childhood Education Institute, University of Oklahoma-Tulsa
Ursula Johnson	Children's Learning Institute, University of Texas Health Science Center at Houston
Jon Korfmacher	Herr Research Center for Children and Social Policy, Erikson Institute
Peter Mangione	Center for Child and Family Studies, WestEd
Virginia Marchman	Department of Psychology, Stanford University
Christine McWayne	Eliot-Pearson Department of Child Study and Human Development, School of Arts and Sciences, Tufts University
Sonia Middleton	Early Head Start Program, CentroNía of Washington DC
Helen Raikes	Child, Youth and Family Studies, University of Nebraska-Lincoln
Claire Vallotton	Human Development and Family Studies, Michigan State University
Martha Zaslow	Office for Policy and Communications, Society for Research in Child Development

A9. Incentives for Respondents

Participation in Baby FACES 2018 will place some burden on program staff, families, and children. To offset this burden and to acknowledge respondents' efforts in a respectful way, we will provide nominal monetary tokens of appreciation to respondents based on the ones used effectively in Baby FACES 2009. We propose to offer program staff and families gifts of appreciation for their participation in data collection activities (Table A.3). For comparison, the table also shows incentives and response rates by instrument in Baby FACES 2009. We will also provide programs with \$250 to acknowledge the program's overall participation in the study, and the efforts of program staff to assist in scheduling the data collection visits and gathering parent consent forms. Program directors can use the \$250 at their discretion; for example, they may choose to share it with study centers.

Table A.3. Baby FACES 2018 gift of appreciation structure compared to Baby FACES 2009

Baby FACES component	Respondent	Baby FACES 2018		Baby FACES 2009	
		Length of activity	Gift of appreciation	Gift of appreciation	Response rate (percent)
Parent survey	Parent	30 minutes	\$20		79.6
Parent Child Report	Parent	15 minutes	\$5	\$35	86
Staff survey	Teachers and home visitors	30 minutes	Children's book (\$10 value)	Children's book (\$5 value)	98.7
Staff Child Report	Teacher or home visitor	15 minutes per sampled child	\$5 per report	\$5 per report	96.2
Data collection site visit	Program		\$250	\$250	100

Taking into consideration OMB guidance (2006) on providing gifts of appreciation, we propose to provide participants with these gifts of appreciation for the following reasons:

1. **They should increase response rates and mitigate nonresponse bias.** The knowledge that they will receive a gift for completion will likely increase respondents' probability of completing the data collection activities. Research has shown that incentives for respondents are effective in increasing response rates (see meta-analysis by Singer et al. 1999). More recently, Goldenberg et al. (2009) found that monetary incentives increased response rates and data quality over no incentive. Those receiving the incentive were less likely to say "don't know" or refuse to answer individual items. Others have found that incentives significantly increase response rates overall, but particularly with those who had previously refused (Zagorsky and Rhoton 2008). Singer and Kulka (2002) examined a number of studies that showed that incentives reduce differential response rates and hence the potential for nonresponse bias. This was true particularly for low-income and minority populations, which resemble populations served by EHS. For example, in their meta-analysis, Singer et al. (1999) found that in three studies, using incentives was useful in achieving higher response rates from respondents who may otherwise be underrepresented in surveys, such as those from low income and minority populations. Other studies have also found that incentives are more effective in recruiting as well as retaining low-income and minority populations (Mack et al., 1998; Martin et al., 2000; Singer et al., 2000).
2. **They can ensure nationally representative estimates.** The participation of respondents in the study activities is key to ensuring the quality of the information gathered. High levels of participation among the target population of EHS programs, staff, and families are essential to ensure that estimates are nationally representative.
3. **They have worked well with similar populations in the past.** The gift structure we are proposing is very similar to the one used in Baby FACES 2009 (0970-0354) and in earlier rounds of the Head Start Family and Child Experiences Survey (0970-0151). Baby FACES 2009 achieved very high response rates across multiple rounds of data collection—some families participated in four annual rounds of data collection. Because we have historically achieved high response rates with low income and minority populations, we believe that

using a similar approach to incentives is the best way to achieve high response rates in the current study.

A10. Privacy of Respondents

The information we collect will be kept private to the extent permitted by law. The consent statement that all study participants will receive includes assurances that the research team will protect the privacy of respondents to the fullest extent possible under the law, that respondents' participation is voluntary, and that they may withdraw their consent at any time without any negative consequences.

As specified in the contract signed by ACF and Mathematica (referred to as the Contractor in this section), the Contractor shall protect respondent privacy to the extent permitted by law and will comply with all Federal and Departmental regulations for private information. The Contractor developed a Data Safety Plan that assesses all protections of respondents' personally identifiable information (PII) and submitted it to ACF on October 30, 2015. The Contractor shall ensure that all of its employees, subcontractors (at all tiers), and employees of each subcontractor who perform work under this contract/subcontract are trained on data privacy issues and comply with the above requirements. All of the Contractor's staff sign the Contractor's confidentiality agreement when they are hired; a copy of the agreement, called the Confidentiality Pledge, is attached as Appendix D.

Due to the sensitive nature of part of this research (see A.11 for more information), the evaluation will obtain a Certificate of Confidentiality. The study team has applied for this Certificate and will provide it to OMB upon receipt. The Certificate of Confidentiality helps assure participants that their information will be kept private to the fullest extent permitted by law. Further, all materials to be used with respondents as part of this information collection, including consent statements and instruments, will be submitted to the New England Institutional Review Board (the Contractor's IRB) for approval.

Data security. As specified in the evaluator's contract, the Contractor shall use Federal Information Processing Standard (currently, FIPS 140-2) compliant encryption (Security Requirements for Cryptographic Module, as amended) to protect all instances of sensitive information during storage and transmission. The Contractor shall securely generate and manage encryption keys to prevent unauthorized decryption of information, in accordance with the Federal Processing Standard. The Contractor shall ensure that this standard is incorporated into the Contractor's property management/control system and establish a procedure to account for all laptop computers, desktop computers, and other mobile devices and portable media that store or process sensitive information. Any data stored electronically will be secured in accordance with the most current National Institute of Standards and Technology (NIST) requirements and other applicable Federal and Departmental regulations. In addition, the Contractor must submit a plan for minimizing, to the extent possible, the inclusion of sensitive information on paper records and for the protection of any paper records, field notes, or other documents that contain sensitive data or PII, ensuring secure storage and limits on access.

Information will not be maintained in a paper or electronic system from which they are actually or directly retrieved by an individuals' personal identifier.

A11. Sensitive Questions

To achieve its primary goal of describing the characteristics of the children and families served by EHS, we will be asking parents and staff (teachers/home visitors) a few sensitive questions. Topics of sensitive questions for parents include potential feelings of depression, use of services for emotional or mental health problems, reports of family violence or substance abuse, household income, and receipt of public assistance. Of these topics, we will ask staff about symptoms of depression only. We used this information in Baby FACES 2009 reports to describe the EHS population, their needs, parent outcomes, and how families are faring over time. The invitation to participate in the study will inform parents and staff that the survey will ask sensitive questions (these materials are in Appendix E). The invitation will also inform parents and staff that they do not have to answer questions that make them uncomfortable and that none of the responses they provide will be reported back to program staff. We will ask parents to sign a consent form, agreeing that they will participate in the study and permitting their teacher or home visitor to complete a Staff Child Report. We will not conduct any activities involving the parent until she or he signs the consent form. Because we will conduct the staff survey in person, the first part of the survey will include a consent form, indicating the teacher or home visitor agrees to participate in the study.

A12. Estimation of Information Collection Burden

Burden Hours

Table A.4 presents the current request to cover data collection activities related to sampling classrooms, home visitors, and families as well as completing surveys with sampled EHS staff and families. The estimates include time for respondents to review instructions, search data sources, complete and review the responses, and transmit or disclose information. This information collection request covers a period of two years.

Table A.4. Total burden requested under this information collection

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours	Average hourly wage	Total annual cost
Classroom/ home visitor sampling form (from EHS staff)	587	294	1	0.17	50	\$31.65	\$1,582.50
Child roster form (from EHS staff)	587	294	1	0.33	97	\$31.65	\$3,070.05
Parent consent form	2,887	1,444	1	0.17	245	\$17.50	\$4,287.50
Parent survey	2,310	1,155	1	0.5	578	\$17.50	\$10,115.00
Parent Child Report	2,310	1,155	1	0.25	289	\$17.50	\$5,057.50
Staff survey (Teacher survey and Home Visitor survey)	1,397	699	1	0.5	350	\$31.65	\$11,045.85
Staff Child Report	1,097	549	2.5	0.25	343	\$31.65	\$10,855.95
Program director survey	140	70	1	0.5	35	\$31.65	\$1,107.75
Center director survey	493	247	1	0.33	82	\$31.65	\$2,595.30
Estimated Annual Burden Total					2,069		\$49,717.40

Total Annual Cost

We expect the total annual burden to be 2,069 hours, or \$49,717.40 for all of the instruments in the current information collection request.

Average hourly wage estimates for deriving total annual costs are based on Current Population Survey data for the third quarter of 2016 (Bureau of Labor Statistics 2016). For each instrument included in Table A.4, we calculated the total annual cost by multiplying the annual burden hours and the average hourly wage.

For program directors, center directors, and staff (teachers and home visitors), we used the median usual weekly earnings for full-time wage and salary workers age 25 and older with a bachelor's degree or higher (\$31.65 per hour). For parents, we used the median usual weekly earnings for full-time wage and salary workers age 25 and older with a high school diploma or equivalent and no college experience (\$17.50). We divided weekly earnings by 40 hours to calculate hourly wages.

A13. Cost Burden to Respondents or Record Keepers

There are no additional costs to respondents.

A14. Estimate of Cost to the Federal Government

The total cost for the data collection activities under this current request will be \$8,317,434. This amount includes costs for new data collection activities under this request. Annual costs to the Federal government will be \$4,158,717 for the proposed data collection under this OMB clearance number (0970-0354). There are no remaining costs from the Baby FACES 2009 data collections, which are complete but were also under OMB clearance number 0970-0354.

A15. Change in Burden

This is an additional information collection request under OMB #0970-0354.

A16. Plan and Time Schedule for Information Collection, Tabulation and Publication**Analysis Plan**

The instruments included in this OMB package will yield data that we will analyze using quantitative methods. These approaches will enable us to make nationally representative estimates about EHS programs, centers, classrooms, teachers and home visitors, and families, children, and pregnant women. We will carefully link the research questions guiding the study with the data collected, constructs measured, and analyses undertaken. Baby FACES 2018 includes three categories of research questions:

1. **Descriptive.** We will address descriptive questions about relationship quality in EHS, classroom features and practices, home visit processes, program processes and functioning that support responsive relationships, and the outcomes of infants and toddlers and families served by EHS.

2. **Associations with relationship quality.** We will examine associations of relationship quality in EHS with classroom features and practices, home visit processes, and program processes and functioning, along with associations of teacher-child and parent-child relationships with infant/toddler outcomes.
3. **Mediators.** We will study mechanisms for these associations by examining elements that may mediate associations.

We can answer many research questions by calculating the means and percentages of classrooms, teachers and home visitors, programs, or children and families grouped into various categories and comparing these averages across subgroups. We can perform hierarchical linear modeling for more complex analyses of associations between relationship quality and program, classroom, and home visit processes as well as program, teacher, and home visitor characteristics. We will conduct similar analyses to examine the associations of relationship quality and classroom and home visit processes with children's outcomes. We will conduct mediation analyses to examine the mechanisms for the associations through structural equation modeling.

Weighting. Using analysis weights will enable us to compute unbiased estimates based on sample survey responses from the study population. Weights take into account both the probability of selection into the sample and differential response patterns that might exist in the respondent sample. We plan to construct weights at the program, center, home visitor, classroom, and child levels. Supporting Statement Part B provides details about our plans for creating weights.

Time Schedule and Publication

Table A.5 contains the timeline for the data collection and reporting activities. Recruiting will begin in fall 2017, after obtaining OMB approval. Data collection will follow and is expected to occur from February through June 2018. Mathematica will produce several publications based on analysis of data from Baby FACES 2018:

- We will prepare a set of tables describing findings from all surveys. The intention is to quickly produce findings that Federal agencies can use.
- We will prepare a final report that includes the information from the descriptive tables, along with more narrative explanation of the findings. The format of the report will be accessible to a broad audience and will use graphics and figures to communicate key findings.
- We will produce briefs on specific topics of interest to the government. These briefs will be focused and accessible to a broad audience.

Table A.5. Baby FACES 2018 schedule for data collection

Activity	Timing ^a
Recruitment	
Program recruitment	Fall 2017
Data collection	
On-site visits to programs to obtain consent	Winter/Spring 2018
Parent survey (by telephone)	Winter/Spring 2018
Program and center director surveys	Spring 2018
On-site classroom observations and staff surveys	Spring 2018
Analysis	
Data processing and analysis for data tables	Spring/Summer 2018
Data processing and analysis for final report	Winter 2018/Spring 2019
Reporting	
Data tables	Fall 2018
Final report on the 2018 data collection	Spring 2019
Briefs on specific topics	Spring/Summer 2019

^aAfter obtaining OMB approval.

A17. Reasons Not to Display OMB Expiration Date

All instruments will display the expiration date for OMB approval.

A18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are necessary for this information collection.

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