Head Start Connects

OMB Information Collection Request

New Collection

Supporting Statement

Part A

JULY 2020

Submitted By:

Office of Planning, Research, and Evaluation

Administration for Children and Families

U.S. Department of Health and Human Services

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**Part A**

**Executive Summary**

* **Type of Request:** This Information Collection Request is for a new collection. We are requesting 1 year of approval.
* **Description of Request:** This request is a new data collection to conduct case studies in six Head Start programs for the *Head Start (HS) Connects: Individualizing and Connecting Families to Family Support Services* project. HS Connects aims to develop and refine a theory of change of service coordination; describe how diverse Head Start programs coordinate family support services for parents/guardians; and understand the processes or practices sites use to ensure that service coordination is aligned with an individual family’s needs and fosters family well-being. Findings from the case studies are not intended to be generalized to a larger population. Information will be used to refine a theory of change model of Head Start service coordination that could inform future, representative data collection.

**A1**. **Necessity for Collection**

The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) seeks approval for a new data collection to conduct case studies in six Head Start programs as part of the *Head Start (HS) Connects: Individualizing and Connecting Families to Family Support Services* research study. HS Connects is a research study sponsored by the Office of Planning, Research, and Evaluation (OPRE) and conducted through a contract with MDRC and its subcontractors, MEF Associates and NORC at the University of Chicago.

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

**A2**. **Purpose**

*Purpose and Use*

One of the hallmarks of Head Start is its whole-family approach to services. This approach is informed by evidence that low-income families often face multiple challenges related to health, safety, and financial stability that can affect their overall well-being. Typical Head Start family well-being support services for parents and guardians include the following: education, employment services, financial capability services, emergency or crisis intervention services, substance abuse treatment, physical health services, and mental health services. Throughout this package, these services will be referred to as “family support services.”

The Head Start Program Performance Standards (HSPPS) outline an expectation that programs provide a comprehensive, integrated set of services tailored to the individual needs of parents and families. Services should also meet the needs and draw on the resources of local communities[[1]](#footnote-2). Reflecting the community flexibility that is fundamental to Head Start, the HSPPS do not specifically outline how family support services should be provided or coordinated within a program.

Existing data sources provide broad snapshots of Head Start family support services, but lack important detail on the programs’ specific, diverse strategies for delivering family support services. There is also a lack of available information about common implementation challenges confronted by Head Start programs as they coordinate family support services and the extent to which programs’ available family support services contribute to positive child and family outcomes.

*HS Connects* is a multi-phase research project that aims to build knowledge about how Head Start programs (Head Start or Early Head Start grantees, delegate agencies, and staff) in diverse locations coordinate family support services for parents/guardians. The study will also examine the processes or practices programs use to ensure that service coordination is aligned with individual family needs and fosters family well-being.

Following a literature review and the development of a theory of change model that articulates hypothesized pathways between family support services coordination and expected child and family outcomes (an initial iteration of the theory of change model can be found in Appendix A: Conceptual Map), the research team will conduct six case studies of Head Start programs. The case studies will collect information about how Head Start programs, across varied organizational, community, and system-level contexts, coordinate family support services using processes and practices tailored to individual family needs.

The information collected will be used to:

* describe similarities and differences in case management and coordination of family support services across the six Head Start sites;
* refine the theory of change model;
* refine the research questions; and
* develop the design of a large-scale descriptive study of the coordination of family support services in Head Start programs and the processes or practices used to ensure that service coordination is aligned with individual family needs.

This information will be published in a final report available to practitioners and researchers.

*Research Questions or Tests*

The HS Connects case studies address the following research questions:

*Identifying family needs*: How do Head Start programs assess and identify individual family needs and develop individualized plans for family support services?

*Connecting families with services*: How do Head Start programs link or refer families to family support providers and/or services? How do Head Start programs help families navigate services if multiple needs are identified?

*Maintaining connections with and for families:* How do Head Start programs track service uptake, particularly for services delivered by community partners? How do programs determine whether referrals and/or services are meeting families’ needs?

*Building partnerships with community providers to serve families*: How do Head Start programs identify service providers in the community who provide family support services for parents and guardians? How do community needs assessments inform and affect how programs coordinate family support services? How are partnerships with service agencies developed and maintained?

* *Contextual factors and supports influencing the coordination of family support services:* What are the facilitators and barriers to implementing a tailored approach to coordinating family support services at the family-, program-, and community-levels? What resources at the organizational or systems-level support coordinating family support services?

*Study Design*

A conceptual map of hypothesized links between service coordination and family/child outcomes guides the study design and information collection (See Appendix A: Conceptual Map). The proposed information collection will examine the applicability of this conceptual map to diverse contexts and support deep description of comprehensive family support service activities at selected sites.

The HS Connects case study will use a multiple-case design, describing the coordination of family support services and examining similarities and differences across six sites.[[2]](#footnote-3) The case study method allows for description of complex inter-relationships hypothesized by the conceptual map, grounded in the experience of participants.

The case study sites will be selected to reflect variability in their approaches to coordination of family support services and along dimensions that may include (but not necessarily be limited to) program size, structure, agency type, and population served.

Information will be collected in two phases. Phase I will include pre-visit calls with staff at each site and Phase II will include virtual interviews with Head Start staff and families, as well as community providers. (Due to travel and in-person work restrictions because of the COVID-19 pandemic, the case study interviews will all take place virtually, via video interviews or if needed, phone interviews.)

Approval is requested for seven data collection protocols, detailed in table A2.1.

Table A2.1 Data Collection Protocols

| **Information Collection** | **Respondent** | **Purpose and type of information collected** | **Duration** |
| --- | --- | --- | --- |
| **PHASE I: Pre-visit calls** | | | |
| Instrument 1: Head Start Administrator/Family and Community Partnerships Manager Pre-Visit Call | Head Start Administrator/Family and Community Partnerships Managers who will participate in the interview.  One respondent from each site. | * Identify study participants and dates and time for interviews. * Verify/update information from the PIR and web-based resources about the program’s structure, management, and staffing. * Verify roster information about family support services staff and other Head Start staff who interact with parents/guardians. * Obtain an overview of the family support services provided by the site, including types and location of services, referrals to community partners, and typical parent/guardian and staff interactions. * Review logistics for planning the interviews. * Verify basic information about community partners. * Obtain information on the site’s current operations in response to the COVID-19 pandemic | 1 hour |
| Instrument 2: Head Start Family Support Staff Pre-Visit Call | Head Start Family Support Workers who will participate in the interview.  Three respondents from each site. | * Discuss the technique of using case narratives to learn how family support workers coordinate services for parents/guardians with different situations and backgrounds * Review the logistics for conducting one case narrative during the interview | 30 minutes |
| PHASE II: Virtual interviews | | | |
| Instrument 3: Head Start Administrator/Family and Community Partnerships Manager Semi-Structured Interview | Head Start Administrator/Family and Community Partnerships Manager  One respondent from each site. | This interview focuses on the site’s approach for coordinating family support services, including:   * the participant’s role and responsibilities; * site management and communications; * the site’s data systems and records of family support services; * the site’s family partnership approach; * family needs, types of family support services, and service uptake; * staffing and process for providing/coordinating family support services; * partnering with community providers; training and technical assistance received or needed; * successes and challenges experienced in coordinating family support services; and * changes to services offered and to the coordination of support services in response to the COVID-19 pandemic. | 2 hours |
| Instrument 4: Head Start Family Support Staff Semi-Structured Interview | Head Start Family Support Staff  Three respondents from each site. | This protocol will include an interview and a case narrative.   * The interview portion collects information on staff reflections on coordinating family support services, including successes and unmet needs, suggestions for improvement, training and technical assistance needed, changes to the coordination of support services in response to the COVID-19 pandemic, and background * Case narrative will collect information about: how staff individualize their work with different types of families, including the step-by-step process used for intake and engagement, needs assessment, goal setting and developing family partnership agreements, providing in-house services or referrals to community providers and supports, tracking service use, tracking goal achievement, challenges experienced, and continuing to work with parents/guardians. | 2.5 hours |
| Instrument 5: Head Start Other Staff Semi-Structured Interview | Other Head Start center staff (e.g., teachers, nurses, specialists)  Three respondents from each site. | This interview focuses on how other center staff (e.g., teachers, nurses, specialists) are involved in coordinating family support services. The interview will gather information on:   * professional and educational background; * role in coordinating family support services; * interactions and communications with families; * connecting parents/guardians to family support services staff; * providing services; * working with external community providers; * successes and challenges; * training, professional development, and technical assistance needed; and * changes to the coordination of support services in response to the COVID-19 pandemic. | 1 hour |
| Instrument 6: Parent/Guardian Semi-Structured Interview | Parents/Guardians who engage in the family partnership process and partake of family support services for parents/guardians  Four respondents from each site. | This interview focuses on parents’/guardians’ experiences receiving family support services that are coordinated by the Head Start center. Topics include:   * the nature of parent/guardian interactions with family support staff and other staff, * parents’/guardians’ experiences in developing the family partnership plan and setting goals; * services parents/guardians received from the Head Start center or other service providers (and what they still need); * how parents/guardians interact with family support staff before and after a referral; * the types of information received about community resources; * challenges parents/guardians have experienced; * whether the services provided are helpful; and * any changes to the services parents/guardians need and receive, as well as any changes to the coordination of these services because of the COVID-19 pandemic. | 2 hours |
| Instrument 7: Community Provider Semi-Structured Interview | Community providers that receive referrals from the site and provide services to parents/guardians.  Two respondents associated with each site. | This interview focuses on the professional and educational background of the community provider, the role in providing family support services, and mission and services offered by the organization. Topics include:   * the nature of the community partner and Head Start site partnership; * the referral process from the center to the provider; * how service providers communicate, share information, coordinate, and track service delivery with family support staff and parents/guardians; * successes and challenges related to coordination, service delivery, and the partnership; and * any changes to the coordination of family support services in response to the COVID-19 pandemic. | 1 hour |

See Appendix B: Crosswalk of Research Questions and Constructs for Data Collection Protocols for more details about the content of the interview protocols.

*Other Data Sources and Uses of Information*

This information collection builds on work approved in May 2019 under OPRE’s Generic Clearance for Formative Data Collections (OMB #0970-0356) to identify potential Head Start grantees and programs for inclusion in the study through interviews with key informant and Head Start representatives.

To increase efficiency and reduce burden on selected sites, case study data will be supplemented with administrative data from the Head Start Program Information Report (PIR), ACF’s source for administrative data on the Head Start program[[3]](#footnote-4). Information to be obtained from the PIR include:

* *Program Information* (e.g., enrollment year start/end date; center-based options; family income eligibility; percent of families receiving public assistance; number of foster and homeless children; transportation options; type of program management-information system used).
* *Program Staff and Qualifications* (e.g., total Head Start and contracted staff; average hours per week coordinating services for Family and Community Partnerships Manager; number of Family Workers; number of Family and Community Partnership (FCP) Supervisors; number of FCP Supervisors with a Family Caseload; ratio of Staff to Supervisors).
* *Child and Family Services*(e.g., total number of families; number of two parent and single parent families; number of families receiving TANF, SSI, WIC, and SNAP benefits (at enrollment and end of enrollment year); number of parents in training/school; number of families in need of and receiving services for emergency/crisis intervention, housing assistance, mental health services, English as a second language (ESL) training, adult education, job training, substance abuse prevention, child abuse and neglect services, domestic violence services, child support assistance, health education, assistance to families of incarcerated individuals, parenting education, relationship/marriage education, asset building services; number of family partnership agreements).

**A3**. **Use of Information Technology to Reduce Burden**

Invitations to participate in pre-visit calls and interviews will be sent by e-mail.

Virtual interviews will be audio-taped with the permission of respondents. Notes will be taken during the interview electronically by a trained research assistant.

The semi-structured protocols include probes and follow-up questions to enable the researchers to elicit participants’ responses to the questions through personal interaction and during the actual time of the interview. Given the descriptive and exploratory focus of the case study, it is not practical to conduct an electronic data collection through a web survey.

**A4**. **Use of Existing Data: Efforts to reduce duplication, minimize burden, and increase utility and government efficiency**

The case studies are designed to collect information that is not available from existing data sources. Review of previous Head Start studies has not identified in-depth descriptions or analyses of programs’ strategies for coordinating family support services. As such, the case study protocols do not duplicate other known efforts.

The activities approved in May 2019 under OPRE’s Generic Clearance for Formative Data Collections (OMB #0970-0356) will yield information about: (1) the range of approaches that Head Start programs take in providing family support services; (2) names of Head Start programs reflecting this range of approaches, from which candidate sites for case studies can be identified; and (3) how a selection of Head Start programs provide family support services, to be used in identifying six programs for inclusion as potential case study sites.

Use of existing Head Start PIR data will improve the completeness of this collection while minimizing burden on participants.

**A5**. **Impact on Small Businesses**

Approximately 50 percent of respondents, including most of the representatives of Head Start programs, are expected to be employed in small organizations, usually small- to mid-size, non-profit early childhood development and education or child care centers or umbrella organizations. Burden will be reduced for all participants, including employees of small organizations, by scheduling discussions at times convenient to respondents and restricting discussion length to remain within the time estimated for each information collection.

**A6**. **Consequences of Less Frequent Collection**

This is a one-time data collection.

**A7**. **Now subsumed under 2(b) above and 10 (below)**

**A8**. **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 June 18, 2019, Volume 84, Number 117, page 28303, and provided a sixty-day period for public comment. A copy of this notice is attached as Appendix C: Federal Register Notice. During the notice and comment period, 2 comments were received, which are attached (See Appendices D and E: Public Comments). Comments were taken into consideration and revisions made in response to many of the comments. Revisions included adding additional questions or probes in line with the feedback received around: service use (reasons why services are not accessed); staff morale, stress, and reflective practice; degrees or professional support opportunities that staff believe are beneficial to their work; staff salary ranges; and inclusion of tobacco cessation as an example of a physical health service. Feedback about the selection of interview participants will be considered when deciding which staff should be interviewed. Revisions to the protocols made after pretesting, and addressing comments, are described in Section B3, Design of Data Collection Instruments.

#### *Consultation with Experts Outside of the Study*

An Advisory Panel and stakeholders provided foundational guidance that informed the design, sampling strategy, recruitment plan, and data collection protocols for the case studies.

Members of the Advisory Panel provided advice on various aspects of the design of the case studies and data collection instruments, including question wording, use of plain language, and streamlining the protocols to reduce burden. Members of the Advisory Panel are listed in Exhibit A.8.1.

Additional stakeholders consulted include: staff from Office of Head Start Regional Offices; representatives from Head Start national and regional associations; and representatives from national networks and training and technical assistance providers focused on whole family approaches.

|  |  |
| --- | --- |
| Exhibit A.8.1 Head Start Connects Advisory Panel | |
| **Name** | **Affiliation** |
| Catherine Ayoub | Brazelton Touchpoints Center |
| Teresa Eckrich Sommer | Northwestern University |
| Susan Popkin | Urban Institute |

**A9**. **Tokens of Appreciation**

We propose offering parents/guardians a $50 gift card at the conclusion of the two-hour interview (Instrument 6). This token of appreciation is intended to offset incidental costs incurred when participating in the interview, such as child care.

Although interview data are not intended to be representative of the larger population of Head Start parents, it is critical to secure the participation of parents with a range of background characteristics to capture families’ varied experiences with Head Start family support service coordination. Without offering the proposed token of appreciation, we increase the risk of securing information only from parents most able to overcome barriers to participation, which would negatively affect the quality and utility of the resulting data for addressing key research questions.

**A10**. **Privacy: Procedures to protect privacy of information, while maximizing data sharing**

*Personally Identifiable Information*

Personally identifiable information is limited to the name, title, email address, and telephone number for program staff and community providers. For parents/guardians, this information is limited to name, an email or telephone number, and a mailing address so the token of appreciation can be sent to them. This information will be used for contacting purposes only.

After the pre-visit calls, the research team will send an email to the Head Start administrator/family and community partnerships manager and/or the Head Start staff designated to coordinate the site visit. This email will summarize the plan for the virtual video interviews and therefore will include an agenda listing the planned timing for interviews and interviewee names. The research team will be clear that details regarding what specific staff, parents, and community providers discuss in their interviews will not be shared with the site.

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

*Assurances of Privacy*

Information collected will be protected. Respondents will be informed of planned uses of data, that their participation is voluntary, and that their information will be kept private to the extent permitted by law. Participants will be informed that their responses will not be shared with staff or other individuals at the site. As specified in the contract, the Contractor will comply with all Federal and Departmental regulations for private information.

Informed consent from participants will be obtained verbally to ensure that they understand the nature of the research being conducted, that their participation is voluntary, and their rights as study respondents. The study will be reviewed and approved by MDRC’s and NORC’s Institutional Review Boards (IRBs). Respondents who have questions about the consent statement or other aspects of the study will be instructed to call the MDRC principal investigator or the administrator of MDRC’s IRB.

Due to the sensitive nature of this research (see A.11 for more information), MDRC will apply for NIH Certificate of Confidentiality to protect the privacy of study data. The Certificate of Confidentiality helps us to resist any requests for information that would identify participants.

*Data Security and Monitoring*

MDRC will assign a data ID for each respondent to the case study interviews. MDRC will not attach names of respondents nor any other kinds of identifiers to the interview data. Contact information data and interviews will never be combined into one dataset.

The MDRC and NORC IRBs will review and approve the consent procedure for the interviews. MDRC revised the Data Security Plan by June 2020 in response to ACF’s comments, and ACF will review and approve the plan. Data management procedures that ensure the security of data and privacy of information will be addressed during staff roles-based training for the case studies.

The research team has developed a Data Safety and Monitoring Plan that assesses all protections of respondents’ personally identifiable information.

The Contractor shall ensure that all of its employees who perform work under this contract/subcontract are trained on data privacy issues and comply with the above requirements. All requirements will be included in agreements with subcontractors (at all tiers), to apply to relevant employees of each subcontractor. MDRC, MEF, and NORC staff have signed statements of professional ethics at their respective organizations, agreeing not to disclose information acquired through interaction with research subjects.

As specified in the evaluator’s contract, the Contractor shall use Federal Information Processing Standard compliant encryption (Security Requirements for Cryptographic Module, as amended) to protect all instances of sensitive information during storage and transmission. The research team shall securely generate and manage encryption keys to prevent unauthorized decryption of information, in accordance with the Federal Processing Standard. The research team shall: ensure that this standard is incorporated into the research team’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 research team 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 or personally identifiable information that ensures secure storage and limits on access.

**A11**. **Sensitive Information** [[4]](#footnote-5)

The data collection protocols will ask about the needs of and services received by families that participate in Head Start programs (i.e., parents/guardians). Disclosure of needs and services related to emergency/crisis intervention, financial capability services, housing assistance, food assistance, mental health, substance abuse prevention, child abuse and neglect services, and domestic violence services are considered sensitive by respondents. It is necessary to ask these specific questions because the aim of the case studies is to understand how Head Start programs coordinate a comprehensive set of family support services and how service coordination is perceived by parents/guardians.

IRB approval for the case studies has been received.

**A12**. **Burden**

*Explanation of Burden Estimates*

This information collection request covers a period of one year.

The estimated annual burden for respondents is shown in Exhibit A.12.1. We estimated burden for the pre-visit calls by considering the number and type of questions in the protocol and by including some time to allow for respondents to ask questions. We estimated burden for the interviews by considering the number and type of questions in the protocol. The estimates include time for respondents to participate in the pre-visit call by telephone and the semi-structured interview video call. The estimated annual burden is 150 hours.

* Respondents to the pre-visit calls will include Head Start Administrator/Family and Community Partnerships Manager (1 per site) and Family Support Staff, such as Family Services Supervisors, Family Services Workers, Case Managers, or Coaches (up to 3 per site). Pre-visit calls will be limited to 1 hour for Head Start Administrator/Family and Community Partnerships Managers and 30 minutes for Head Start Family Support Staff.
* Virtual, semi-structured interviews will be conducted with a Head Start Administrator/Family and Community Partnerships Manager (1 per site), Family Support Staff (up to 3 per site), and other staff that provide support, such as teachers or nurses (up to 3 per site), Parents/Guardians (up to 4 per site), and Community Providers (up to 2 per site).
* Virtual interviews will be limited to 1 hour for Other Head Start Staff and Community Providers, and to 2 hours for Head Start Administrators/Family and Community Partnership Managers and Parents/Guardians. Virtual interviews with Head Start Family Support Staff will be limited to 2.5 hours (this interview includes the case narrative discussion and the burden estimate accounts for the time needed to review select case records prior to the interview).

*Estimated Annualized Cost to Respondents*

The estimated annual cost for respondents is shown in Exhibit A.12.1. The source for the mean hourly wage information for each respondent type is Bureau of Labor Statistics, Occupational Employment and Wages, May 2018.

* For Head Start Administrators/Family and Community Partnerships Managers, the mean hourly wage of $25.96 was used, based on the wage for education administrators in preschool and childcare centers and programs (11-9031 Education Administrators, Preschool and Childcare Center/Program; <https://www.bls.gov/oes/current/oes119031.htm>).
* For Head Start Family Service Staff and Community Providers, the mean hourly wage of $23.69 was used, based on the wage for counselors, social workers, and other community and social service specialists (21-0000 Community and Social Service Occupations; <https://www.bls.gov/oes/current/oes210000.htm>).
* For Other Head Start Staff, the mean hourly wage of $16.54 was used, based on the wage for pre-school teachers (25-2011 Preschool Teachers, except Special Education; <https://www.bls.gov/oes/current/oes252011.htm>).
* The federal minimum wage was used to calculate the hourly wage for parents/guardians.

The total estimated annual cost amount is $2,676.54.

**Exhibit A.12.1. Annual Burden and Cost Estimates**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Instrument | No. of Respondents (total over request period) | No. of Responses per Respondent (total over request period) | Avg. Burden per Response (in hours) | Total/Annual Burden (in hours) | Average Hourly Wage Rate | Total Annual Respondent Cost |
| Instrument 1: Head Start Administrator/ Family and Community Partnerships Manager pre-visit call | 6 | 1 | 1 | 6 | $25.96 | $155.76 |
| Instrument 2: Head Start Family Support Staff pre-visit call | 18 | 1 | .5 | 9 | $23.69 | $213.21 |
| Instrument 3: Head Start Administrator/ Family and Community Partnerships Manager interview | 6 | 1 | 2 | 12 | $25.96 | $311.52 |
| Instrument 4: Head Start Family Support Staff interview | 18 | 1 | 2.5 | 45 | $23.69 | $1,066.05 |
| Instrument 5: Head Start Other Staff interview | 18 | 1 | 1 | 18 | $16.54 | $297.72 |
| Instrument 6: Parent/Guardian interview | 24 | 1 | 2 | 48 | $7.25 | $348.00 |
| Instrument 7: Community Providers interview | 12 | 1 | 1 | 12 | $23.69 | $284.28 |
| Total |  |  |  | 150 |  | $2,676.54 |

**A13**. **Costs**

There are no additional costs to respondents.

**A14**. **Estimated Annualized Costs to the Federal Government**

The total cost for the data collection activities under this current request will be $514,286. These costs include instrument development, OMB clearance, site and respondent recruitment, data collection, data processing and analysis, publications and dissemination. See Exhibit A.14.1 for details regarding these estimated costs.

**Exhibit A.14.1 Estimated Costs to the Federal Government**

| **Activity** | **Detail** | **Estimated Cost** |
| --- | --- | --- |
| Design  Instrument Development OMB Clearance Site Recruitment | * Total Hours for contractor = 570; FTE time = .27 * Operational Expenses: Program Support; Expert Consultant Time; Allocated Direct Costs; Indirect Costs/Overhead; Fees * All Project Staff and Operational Expenses would not have been incurred without this collection of information | $174,607 |
| Data Collection  Case Study Virtual Site Visits  Analysis | * Total Hours for contractor = 646; FTE time = .31 * Operational Expenses: Program Support; Expert Consultant Time; Travel; Allocated Direct Costs; Indirect Costs/Overhead; Fees * All Project Staff and Operational Expenses would not have been incurred without this collection of information | $156,102 |
| Dissemination  Case Study Report  Case Study Brief  Cast Study Briefing | * Total Hours for contractor = 1039; FTE time = .50 * Operational Expenses: Program Support; Expert Consultant Time; Publications Design; Allocated Direct Costs; Indirect Costs/Overhead; Fees * All Project Staff and Operational Expenses would not have been incurred without this collection of information | $175,597 |
| Federal staff time reviewing materials for design, data collection, and dissemination | * Total Hours: 156; FTE time =.07 | $7,980 |
|  | **Total costs over the 1-year request period** | $514,286 |

**A15**. **Reasons for changes in burden**

This is a new information collection request.

**A16**. **Timeline**

Exhibit A.16.1 provides the anticipated time schedule for this information request.

**Exhibit A.16.1 Anticipated Timeline**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Anticipated Start Date** | **Anticipated Duration after OMB approval** |
| Site recruitment | Upon OMB approval | 2 months |
| Pre-visit information collection | Upon OMB approval | 3 months |
| Virtual site visit information collection | August 15, 2020 | 4 months |
| Conduct qualitative analyses | October 1, 2020 | 6 months |
| Case studies report and brief | February 1, 2021 | 16 months |

**A17**. **Exceptions**

No exceptions are necessary for this information collection.

**Attachments**

Appendix A: Conceptual Map

Appendix B: Cross-walk of Research Questions and Constructs for Data Collection Protocols

Appendix C: Federal Register Notice

Appendix D: Public Comment – Truth Initiative

Appendix E: Public Comment – NHSA

Appendix F: Head Start Connects Project Description

Appendix G: Contact and Informational Materials for Head Start Staff

Appendix H: Contact and Informational Materials for Head Start Families

Appendix I: Contact Materials for Community Providers

Instrument 1: Head Start Administrator/Family and Community Partnerships Manager Pre-Visit Call

Instrument 2: Head Start Family Support Staff Pre-Visit Call

Instrument 3: Head Start Administrator/Family and Community Partnerships Manager Interview

Instrument 4: Head Start Family Support Staff Interview

Instrument 5: Head Start Other Staff Interview

Instrument 6: Parent/Guardian Interview

Instrument 7: Community Provider Interview

1. <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-52-family-partnership-services> [↑](#footnote-ref-2)
2. Yin, R.K. (2014). *Case Study Research Design and Methods* (5th ed.) Thousand Oaks, CA: Sage. [↑](#footnote-ref-3)
3. The Head Start PIR is approved under OMB# 0970-0427. [↑](#footnote-ref-4)
4. Examples of sensitive topics include (but not limited to): social security number; sex behavior and attitudes; illegal, anti-social, self-incriminating and demeaning behavior; critical appraisals of other individuals with whom respondents have close relationships, e.g., family, pupil-teacher, employee-supervisor; mental and psychological problems potentially embarrassing to respondents; religion and indicators of religion; community activities which indicate political affiliation and attitudes; legally recognized privileged and analogous relationships, such as those of lawyers, physicians and ministers; records describing how an individual exercises rights guaranteed by the First Amendment; receipt of economic assistance from the government (e.g., unemployment or WIC or SNAP); immigration/citizenship status. [↑](#footnote-ref-5)