To: Jordan Cohen

Office of Information and Regulatory Affairs (OIRA)

Office of Management and Budget (OMB)

From: Amy Madigan

Office of Planning, Research and Evaluation (OPRE) Administration for Children and Families (ACF)

Date: September 14, 2020

Subject: Non-substantive Change Request – Early Head Start Family and Child Experiences

Survey (Baby FACES) 2021 (OMB #0970-0354)

This memo requests approval of non-substantive changes to the approved information collection, Early Head Start Family and Child Experiences Survey (Baby FACES) (OMB #0970-0354). The proposed changes are related to the COVID-19 pandemic.

Background

Information collection for Baby FACES 2020 was approved in October 2019. Recruitment of programs and study participants for the 2020 round of Baby FACES began in October 2019 and data collection began on February 24, 2020. Due to the COVID-19 pandemic and widespread program closures, however, data collection was suspended on March 13, three weeks into data collection. The 2020 round of Baby FACES data collection was subsequently postponed until spring of 2021. The delay requires that all instruments and materials are updated with the new date references and modifications to acknowledge program participation in spring 2020. Restarting data collection in spring 2021 will require recruiting programs and participants again. Additionally, uncertainty about the future of the pandemic raises questions about whether there may be ongoing impacts on program operations or families. Thus, we propose adding a few questions about COVID-19 to three of the instruments to learn about program and family experiences in the pandemic. We also propose adding additional reminders to families as we are concerned that additional outreach may be needed to reach the targeted response rates (particularly if we need to do some or all data collection remotely). These changes are minor.

Time Sensitivities

Data collection is slated to begin at the end of February 2021, therefore contacting and recruiting programs needs to begin in early October 2020.

Overview of Requested Changes

Because we conducted three weeks of data collection in the spring of 2020, we have restructured the burden table to reflect what was completed in spring 2020 and what we expect the burden will be in spring 2021. In total, the spring 2020 Baby FACES study incurred 518 hours of burden. We have added these hours to 4,166 being requested for spring 2021. Note that burden hours listed for 2021 are identical to those previously approved for spring 2020 but we have

updated the hourly rates and annual costs. We believe that the few additional COVID questions will not affect the length of the instruments or burden on average.

We intend to reach out to the same programs for 2021 as we did in 2020. We will update the recruiting materials to reflect their cooperation this past year. Within programs, our intention is to keep the centers that were already recruited whenever possible. However, if any of the previously sampled centers closed or new centers were added to a program, we will resample centers within that program.

We will select a new sample of teachers, home visitors and families/children for all programs. Additionally, we are proposing to drop pregnant women from the sample in this round. This decision is based on the overall low sample size in 2018 and inability to obtain a representative sample of pregnant women across program service options. These changes are reflected in relevant places in the supporting statements.

Our response to the COVID-19 pandemic is two pronged: First, we propose adding COVID questions to the program director, center director, and parent surveys. We plan to limit the number of questions so as not to increase the overall burden of these instruments. The table below lists the new questions we would like to add to the Baby FACES instruments. Second, our plans for data collection will allow for the possibility that that programs may have changed the way they deliver services (such as offering virtual home visits), or that there will be restrictions on visitors entering programs or classrooms. We are currently testing options to conduct observations via livestreamed video feed (the approach that our Institutional Review Board recommended). This possibility is mentioned in the study advance materials and consent forms. Lastly, we adjusted the instruments and outreach materials to reference spring 2021 and have included these updated materials with this request. All other date references, for example "thinking back to September 2019", have also been updated to reflect the one-year delay.

The following table lists the changes in addition to updating dates that we would like to make that the Center Director, Program Director, and parent surveys.

Impacted Questions	Requested Change	Rationale
		
	Center Director Survey	
NEW ITEMS	1. The COVID-19 pandemic was a significant event that	We want to better under-
	had an impact on the lives of many individuals and	stand how Early Head Start
	families. The next few questions are about how cen-	centers reacted to the
	ter-based services were affected by the pandemic	COVID pandemic and
	and whether children were in classrooms or receiv-	whether any changes made
	ing services virtually.	to center operations persist
		into spring 2021. This will
	Thinking about center-based services last spring,	also help to contextualize
	that is March to June 2020, which one of the follow-	any differences we see be-
	ing best describes your center with respect to in-	tween 2021 and the first
	person learning/child care	

Impacted	Requested Change	Rationale
Questions		
	a) The center was closed for all EHS children b) The center was open only for some EHS children (such as, children of essential workers) c) The center was open for all EHS children If more than one of the above was true between March and June 2020, please indicate which one was true for the majority of the time.	round of the survey in 2018.
	 As a result of the COVID-19 pandemic, did your center offer new resources or supports to parents to support children's learning and development at home? For example, did you offer supports by email or video conference/phone that you did not offer before the pandemic hit? a) YES b) NO 	
	3. [IF 2=YES] And what about now? Are you continuing to offer these new resources or supports for parents to support children's learning and development at home? a) YES b) NO	
	 4. [IF 1=A OR B] Which of the following best describes what your center is currently doing with respect to in-person learning/child care? a) The center is closed for all EHS children. We are not currently providing either in-person or remote services. b) The center is closed for in-person services 	
	and all EHS children are receiving remote services c) The center is only open for in-person services for some EHS children (such as, children of essential workers or other prioritized children) while other EHS children receive only remote services	
	d) The center is open to all EHS children for inperson services but allowing fewer children in the classroom at a time (children attend for fewer days or fewer hours than they did prior to the COVID-19 pandemic) e) The center is open for in-person services to	

Impacted	Requested Change	Rationale
Questions		
	all EHS children and operating as it did	prior
	to the pandemic	
	5. Whether your center is providing services in-pe	rson
	or remotely, is your center currently experienci	ng
	any of the following challenges related to the C	OVID-
	19 pandemic?	
	Select all that apply	
	a) Staffing challenges (fewer staff available	e/
	willing to return to work, difficulty filling	g va-
	cancies, or having to hire less experience	
	staff to replace experienced staff who le	· ·
	b) Enrollment or retention of families (few	ver
	families willing for children to attend)	
	c) Staff physical health (being sick with CC	
	19, inability to access medicines to prev	
	or treat COVID-19, or fear of seeking he	
	services due to risk of exposure to COV	D-19)
	d) Family physical health (being sick with	4-
	COVID-19, inability to access medicines	
	prevent or treat COVID-19, or fear of se	
	health services due to risk of exposure (COVID-19)	10
	e) Staff mental health/well-being	
	f) Family mental health/trauma from COV	/ID-19
	g) Funding (loss of revenues, difficulty pay	
	rent, utilities, staff salaries)	""5
	h) Lost community partnerships	
	i) Lack of necessary/appropriate cleaning	sup-
	plies or PPE (such as sanitizing materials	
	masks)	
	j) Lack of necessary technology or reliable	e in-
	ternet to support connections between	
	and families	
	k) Lack of guidance from the Office of Hea	d
	Start (OHS)/EHS grantee on how to ope	rate
	l) Lack of guidance from the state/local go	ov-
	ernment on how to operate	
	m) Meeting OHS requirements to operate	(regu-
	lations, performance standards), even v	vith
	the flexibilities offered by OHS in the 20	20-
	21 program year	
	n) Meeting local or state requirements to	oper-

Impacted	Requested Change	Rationale
Questions		
	ate (state regulations, local restrictions, licensing standards) o) Other (specify) p) My center is not experiencing any of these challenges	
	 6. You indicated that [LIST ALL ENDORSED FROM ITEM 5] are challenges. Which one is the biggest challenge? 7. Many centers adopted innovative strategies to respond to challenges they faced as a result of the 	
	COVID-19 pandemic. Can you describe one such strategy that your center adopted that you consider innovative or view as a success?	
	Program Director Survey	
NEW ITEMS	 The COVID-19 pandemic was a significant event that had an impact on the lives of many individuals and families. The next few questions are about how home-based services were affected by the pandemic and whether services were offered in person or virtually. Thinking first about in-person home visits in the home-based option last spring, that is March to June 2020, which of the following best describes your program? Did your program Offer in-person home visits to all families Offer in-person home visits to some families or, Not offer any in-person home visits (for example, program closed or only virtual visits were offered) If more than one of the above was true about in-person home visits between March and June 2020, please indicate which one was true for the majority of the time. Did your program offer virtual home visits to families in the home-based option during the spring 2020 pandemic, that is, between March and June 2020? Virtual home visits are regularly scheduled home visits conducted by video conference or phone.	We want to better understand how programs reacted to the COVID pandemic and whether any changes made to program operations persist into spring 2021. This will also help to contextualize any differences we see between 2021 and the first round of the survey in 2018.
	a) YES b) NO 3. [IF 2=YES] And what about now? Is your program	

Impacted	Requested Change	Rationale
Questions		
	continuing to offer virtual home visits to families in the home-based option?	
	a) YES	
	b) NO	
	4. Is your program currently offering in-person home	
	visits to families in the home-based option?	
	a) YES	
	b) NO	
	5. [IF 3=YES AND 4=YES] About what proportion of	
	home visits conducted across families in the home-	
	based option in your program are delivered in-per-	
	son versus virtually? Your best estimate is fine.	
	a) In-person%	
	b) Virtual%	
	[total = 100%]	
	6. Thinking about home-based services, whether they	
	are provided in-person or remotely, is your program	
	currently experiencing any of the following chal-	
	lenges related to the COVID-19 pandemic?	
	Select all that apply	
	a) Staffing challenges (fewer staff available/	
	willing to return to work, difficulty filling va-	
	cancies, or having to hire less experienced	
	staff to replace experienced staff who left)	
	b) Enrollment or retention of families (fewer	
	families willing to participate)	
	c) Staff physical health (being sick with COVID-	
	19, inability to access medicines to prevent	
	or treat COVID-19, or fear of seeking health	
	services due to risk of exposure to COVID-19)	
	d) Family physical health (being sick with	
	COVID-19, inability to access medicines to	
	prevent or treat COVID-19, or fear of seeking	
	health services due to risk of exposure to	
	COVID-19)	
	e) Staff mental health/well-being f) Family mental health/trauma from COVID-19	
	g) Funding (loss of revenues, difficulty paying rent, utilities, staff salaries)	
	h) Lost community partnerships	
	i) Lack of necessary/appropriate cleaning sup-	
	plies or PPE (such as sanitizing materials or	
	plies of the (such as satilizing materials of	

Impacted	Requested Change	Rationale
Questions		
	masks)	
	j) Lack of necessary technology or reliable in-	
	ternet to support virtual home visit services	
	(either for staff or families)	
	k) Lack of guidance from the Office of Head	
	Start (OHS) on how to operate	
	l) Lack of guidance from the state/local gov-	
	ernment on how to operate	
	m) Meeting OHS requirements to operate (regu-	
	lations, performance standards), even with	
	the flexibilities offered by OHS in the 2020-	
	21 program year	
	n) Meeting local or state requirements to oper-	
	ate (state regulations, local restrictions, li-	
	censing standards)	
	o) Other	
	(specify)	
	p) My program is not experiencing any of these	
	challenges	
	7. You indicated that [LIST ALL ENDORSED FROM ITEM	
	6] are challenges. Which one is the biggest challenge?	
	8. Many programs adopted innovative strategies to re-	
	spond to challenges they faced as a result of the	
	COVID-19 pandemic. Thinking about services for	
	families in the home-based option, can you describe	
	one such strategy that your program adopted that	
	you consider innovative or view as a success?	
	9. Unfortunately, COVID-19 is not the last crisis we will	
	face. For this last question, we would like you to	
	think about what was most helpful to your program	
	during the COVID-19 pandemic, so that we can plan	
	for future emergencies. Thinking about both center-	
	and home-based options if applicable, what supports	
	do you hope to have in place to prepare for future	
	emergencies?	
	Select all that apply	
	a) Trainings for family services staff to deliver	
	content and services remotely	
	b) Trainings for home visitor staff to deliver	
	content and services remotely	
	c) Trainings for teachers/classroom staff to de-	

Impacted Questions	Requested Change	Rationale
	liver content and services remotely	
	d) Ability to use Head Start funds more flexibly	
	in times of emergency	
	e) Supports to help families more easily access	
	the Internet (e.g., hardware such as Smart-	
	phones or Chromebooks/laptops, WiFi/	
	hotspots)	
	f) Supports to help staff more easily access the	
	Internet (e.g., hardware such as Smart- phones or Chromebooks/laptops, WiFi/	
	hotspots)	
	g) Aid in developing relationships with local en-	
	tities	
	h) Guidance to create a plan for continuing op-	
	erations	
	i) Guidance for managing human resource is-	
	sues and supporting staff wellness	
	j) Other (SPECIFY)	
	 k) We do not need additional supports for future emergencies 	
	Parent Survey	
G2.1 (red text is	G2.1 I am going to read you three descriptions of the	Added to resolve confusion
new)	types of services Early Head Start programs often	we found among some cen-
,	provide. Please do not include any other child care	ter-based parents because
	program [CHILD] may be enrolled in other than	the center-based option in-
	[PROGRAM].	cludes two home visits per
		year.
	Which of the following best describes the kind of	
	care [CHILD] currently receives from [PROGRAM]?	
	Cantan based was nine Fambulland Chart comities	
	Center-based, meaning Early Head Start services are provided at a child care center and staff may	
	visit you in your home a couple of times a year	
NEW ITEM (will	[ALL] Have you been homeless at any time in the last	The Office of Head Start is
follow existing	year? This can include living on the street, in your car, in	interested in knowing more
item L7)	an abandoned building, in a homeless or domestic vio-	about families' experience
	lence shelter, or staying at someone else's home be-	with homelessness.
	cause you have nowhere else to go.	
NEW ITEMS	1. [ALL] The COVID-19 pandemic was a significant event	We want to better under-
	that had an impact on the lives of many individuals	stand how families may still
	and families. Are you currently dealing with chal-	be impacted by the COVID

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— Questions	lenges associated with the COVID-19 pandemic?	pandemic. This will also help
	 2. [IF Q1= YES] Now I am going to read you a brief list of challenges that some families may be experiencing due to the COVID-19 pandemic. For each item, please tell me if this is currently a big challenge, somewhat of a challenge, or not a challenge at all. [READ ITEM]. How big a challenge is this because of the pandemic? ASK Q3 IMMEDIATELY AFTER EACH ITEM WHERE RESPONSE IS 1 ("A BIG CHALLENGE") OR 2 ("SOMEWHAT OF A CHALLENGE"). a) Child care (for example, child care center has reduced the number of hours or days that my child can attend) b) Getting the food I need for my family c) Employment (for example, trouble finding a job or my income is lower than before the pandemic) 	pandemic. This will also help to contextualize any differ- ences we see between 2021 and the first round of the survey in 2018.
	 d) Paying for or finding housing e) Health care (for example, lost health insurance, trouble paying my medical bills, or fear of seeking health services due to risk of exposure to COVID-19) f) Paying for or finding transportation g) Technology (for example, trouble accessing the internet) h) Keeping my family safe from COVID-19 i) Some other challenge (specify) 	
	3. [WHERE EACH OF Q2A-I = 1 OR 2] Is [PROGRAM] currently providing you withA lot of support,A little support, orNo support in this area	
	 IF 2 OR MORE ITEMS FROM SET Q2A-I = 1 ("A BIG CHALLENGE")] Of the areas you said were a big challenge, which do you consider to be the biggest challenge? Is it PROGRAMMER: DISPLAY ONLY THOSE ITEMS FROM SET Q2A-I = 1. SELECT ONE ONLY Child care 	

Impacted Questions	Requested Change	Rationale
	Food	
	Employment	
	Housing	
	Health care	
	Transportation	
	Technology	
	Keeping my family safe from COVID-19	