Information Collection Request

Revision

The Childcare Survey of Activity and Wellness (C-SAW) Pilot Study

Supporting Statement: Part A

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PART A: JUSTIFICATION

Goal of the Study: The primary purpose of this request is to collect information from a sample of early care and education (ECE) directors in 4 states as part of a pilot to examine the extent to which ECE centers are meeting obesity prevention standards and best practices. This pilot study's purpose is two-fold. First, it will be used to understand the current ECE policies and practices of ECE providers in four states. Second, this survey will be used to inform the development of a potential national surveillance system enabling states and CDC to track change over time and obtain data to guide the planning, implementation and evaluation of state obesity prevention efforts.

Intended use of the resulting data: The Childcare Survey of Activity and Wellness (C-SAW) data will be used by government officials, at both the state and federal levels to determine the current practices and policies of ECE providers in four states around nutrition, physical activity and wellness and by the federal government to inform the development of a potential national surveillance system

Methods to be used: This information collection request is for a cross sectional one time survey. An online data collection instrument will account for the majority of data collection methods. A paper survey can be sent upon request.

The subpopulation to be studied: The target population for the pilot state-based surveillance system would be a sample of ECE directors who operate ECE centers serving children ages 0-5 years in 4 states.

How data will be analyzed: The C-SAW data will be aggregated and reported at the state-level in state-specific reports. Data will be weighted and then analyzed using standard descriptive statistics (e.g. frequencies, cross tabs) for each of the 4 selected states.

A.1 Circumstances Making the Collection of Information Necessary

The CDC is requesting approval to conduct the Childcare Survey of Activity and Wellness (C-SAW). This is a revision Information collection request (ICR) to conduct a pilot study examining the extent to which early care and education (ECE) centers are meeting obesity prevention standards and best practices. The OMB package was previously approved on 12/3/2019 and expires on 12/31/2020 (approval #: 0920-1277), however we were unable to collect the information as planned due to closures of ECE centers because of the COVID-19 pandemic. We are requesting an extension of the ICR for two years due to the COVID-19 pandemic and propose the addition of 14 COVID-19 related questions to the survey to understand the impact of COVID-19 on our topic areas of child care center status, nutrition, physical activity and wellness The additional questions are expected to add 10 additional minutes of burden and burden tables below reflect this.

Childhood obesity is a serious national problem that affects children of every age in communities across the United States. The health consequences of childhood obesity are serious and children who have obesity are more likely to have dyslipidemia, impaired glucose tolerance/type 2 diabetes, fatty liver disease, breathing and joint problems (1). They can also experience social and psychological problems

such as stigmatization and poor self-esteem (2). Studies indicate that those who are overweight or obese in childhood and adolescence are more likely to be overweight in adulthood (3). These statistics underscore the importance of obesity prevention efforts targeting our nation's youngest children. CDC's Division of Nutrition Physical Activity and Obesity (DNPAO) is committed to improving the health of all children through healthy eating, physical activity and obesity prevention. One area of focus for DNPAO is obesity prevention in childcare, also known as the "early care and education" (ECE) setting. There are several types of child care including center based care, which includes child care centers, Head Start and preschool programs, and family child care homes. This information collection request is directly related to this critical period in early childhood. The target population for this information request is child care centers serving children 0-5 years of age. This includes pre-kindergarten, but excludes programs specifically for children with special needs that are part of a public school. Hereafter, we call such centers simply centers, unless otherwise specified.

An estimated 60 percent of U.S. children aged 3-5 years are in non-parental care on a weekly basis. Additionally, more than 11 million children under age 6 spend an average of 30 hours in non-parental care, with children of working mothers spending almost 40 hours a week in such care (4). Improving the ECE nutrition and physical activity environment and the practices of ECE providers can have a direct impact on what children consume and how active they are, as well as help children develop a foundation of healthy habits for life. Obesity prevention in the ECE setting is guided by a national set of standards (5) that focus on: 1) improving the foods and beverages served in ECE facilities; 2) providing opportunities for physical activity; 3) supporting breastfeeding; and 4) limiting screen time in ECE facilities.

State level ECE policies can support improve nutrition, increase physical activity time and limit screen time for children in care, and having data at the state level, compared to the national level, can advance state work in this setting. Individual ECE centers can implement practices and programs that support healthy eating and physical activity among young children. These improvements can directly affect what children eat and drink, how active they are, reduce their screen time, and build a foundation for healthy living. However, insufficient data exists to ascertain how well the national nutrition, physical activity and wellness standards for the ECE setting are being implemented in ECE centers. The practices of ECE providers vary widely and a mechanism does not exist to obtain or capture data to ascertain gaps, needs, or progress on meeting best practices unless *each* state were to develop and field their own survey. However, the bandwidth, expertise and funding for fielding a survey to understand policies and practices of ECE providers varies by state. A national state surveillance system is a potential solution.

The purpose of the surveillance system would be to monitor and measure state progress across the nation in implementing nutrition, physical activity, and wellness policies and practices in the ECE setting. This would provide representative data for each state and provide CDC, federal partners, states and others with information for action to track changes and provide data that identifies educational gaps and/or readiness, and success in implementing national standards. This pilot study will inform us of: 1)

the current practices of ECE facilities in four states; and 2) the feasibility of developing a national ECE surveillance system.

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241) (Attachment 1) and falls under the essential public health services (6) of # 3 Informing, educating, and empowering people about health issues and #5 the development of policies and plans that support individual and community health efforts.

A copy of the Federal Register Notice announcing the 60-day public comment period is included as **Attachment 2a.**

The information collection instrument supporting this study is the C-SAW survey (Attachment 3).

Access to information in identifiable form will be limited to selected members of the study team and no data will be reported at the level where individual responses can be identified. These data are not disclosed to anyone who is not an authorized user, following the procedures outlined in Section A.10.C. ECE center information (i.e., center name and address) will be separated from response data, and an identification number will be assigned to each center. Data will be collected by CDC's data collection contractor, Westat. The study will be conducted according to a security plan approved by CDC's Office of the Chief Information Security Officer.

A2. Purpose and Use of the Information Collection

CDC works to promote optimal nutrition, physical activity and wellness in ECE facilities for children 0 to 5 years of age. Consistent with this mission, and with clear evidence that ECE facilities can impact the habits and preferences of young children, this survey is necessary to better understand ECE center practices related to nutrition, physical activity and wellness. These critical data are used to effectively inform state and national programs.

The purpose of this information collection request is two-fold. First, it will be used to understand the current practices of ECE centers in a representative sample in four states. This initial C-SAW will establish baseline measures of the prevalence of specific practices related to nutrition, physical activity and wellness in a standard way across states. This baseline will also allow CDC and state partners to better understand ECE center needs and provide opportunities for collaboration and areas for improvement at the both state and national level. Second, this survey will be used to inform the development of a potential national surveillance system enabling states and CDC to track changes over time and obtain

data to guide the planning, implementation and evaluation of national and state obesity prevention efforts. As stated above, states have varying capacity, expertise and funds to carry out representative surveys within states. Additionally, when states carry out this work individually this results in state-to-state variation regarding descriptive and summary statistics about current practice because often they do not use the same survey or survey questions. A The *School Health Profiles* has proven to be extremely useful for CDC and state education stakeholders to monitor the policies and practices of schools (7). For the past 22 years, CDC has conducted this survey bi-annually from a representative sample of schools within each state. The survey allows CDC and state education stakeholders to assess school health policies and practices around key topic areas. We would like to establish a similar surveillance system for younger children in the ECE setting. This Information collection request will be used to fill in the gaps of information on nutrition, physical activity and wellness that exist within ECE centers and determine the feasibility and acceptability a national surveillance system.

A sample of approximately 1,200 ECE centers across four states will participate in this one-time data collection effort.

Recruitment Letter: Each center director will receive a recruitment letter (Attachment 4) introducing the survey, explaining its objectives and the importance of their participation. It also identifies state organizations endorsing the study, provides instructions for completing the survey, including a URL and personalized identification number (PIN) for Internet access; gives confidentiality assurances, identifies the incentive, and lists information on how to seek assistance.

C-SAW Questionnaire: The questionnaire (Attachment 3) will collect information on the centers practices and policies across seven topic areas including:

- Nutrition information including whether meals/snacks are served at the center, who provides the meals and snacks, where meals and snacks are prepared and who prepares them, who develops the menus, information on the frequency of certain foods and beverages such as fruits and vegetables, fried, sweet and salty foods and beverages such as juice and milk. The final questions in the nutrition section cover miscellaneous topics such as the food security, if parents are able to bring in food from home for special occasions, farm to ECE activities, and if there is a space for mothers to breastfeed.
- Physical Activity (PA) information such as the amount of time each day that is provided for physical activity, opportunities for outdoor playtime and adult-led physical activity, tummy time for infants, and policies around time infants are placed in swings or seats.
- Screen time information such as the amount of daily screen time for children in the ECE center.

- Training for staff around nutrition, physical activity, child development and stress management
- Activities undertaken by the ECE center to improve nutrition and PA offerings
- Wellness topics such as activities to enhance child development and child behavior
- Role of the person (administrative, teaching, or both) who completed the questionnaire. At the end of the survey, ECE directors will also be given the option to upload last week's center menu. The menu will be used as a quality control check for the nutrition information responses.
- Questions related to the 2020 COVID-19 pandemic's impact on the survey's primary topics of interested including nutrition, physical activity, screentime and breastfeeding support in addition to mitigation efforts and impacts to the child care center's practices due to COVID-19.

We anticipate that most responses will be submitted through the web. The survey will take approximately 40 minutes to complete, and respondents may complete it over multiple sessions. The web survey will be hosted on a secure Westat server. A URL to the website will be included in the recruitment letter. Each survey will start on a screen that requires respondents to enter their assigned PIN code. PIN entry will be required each time a respondent accesses their survey online, and partially completed surveys will resume on the last screen completed.

If an ECE center director prefers, he or she may call the toll-free number for the study and request a paper version of the questionnaire.

Followup Reminders: Approximately two weeks after the initial recruitment letter is mailed, all sampled providers will receive a postcard (Attachment 5a) reminding them to complete the survey, if they have not already done so.

Approximately two weeks after the postcard reminder, nonrespondents will be sent another letter (Attachment 5b) along with a hardcopy of the questionnaire.

A3. Use of Improved Information Technology and Burden Reduction

The study complies with the E-Government Act of 2002 (P.L. 107-347) by giving all respondents an opportunity to complete a web-based survey. By including programmed skip patterns, consistency and data range checks, this technology reduces error that often necessitate callbacks to respondents to

clarify the responses or to collect additional information because a skip pattern wasn't correctly followed. All respondents will be encouraged to complete the survey using the web. However, a hardcopy version will be available upon request as well as mailed to all nonrespondents

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

Every effort has been made to avoid duplication. Currently, states have varying levels of experience with obesity prevention efforts targeting the ECE setting. Through our work with state health departments, CDC knows a small number of states (n=5-6) have conducted surveys in the last 5 years. These were primarily done by academic researchers at institutions within the state and were not necessarily undertaken in collaboration with state public health officials (with Washington State and Nevada being the exceptions). It is important to note that data resulting from these surveys are rarely comparable, as researchers did not use the same questions and, as a result, questions were asked in many different ways.

As we developed the C-SAW data collection instrument, CDC made specific efforts at the federal level to ensure that there is not duplication of effort between this information collection and others:

- CDC engaged the Federal Data Consortium on pregnancy and birth to 24 months. This consortium, originally developed to inform the Birth to 24 dietary guidelines, now serves as a resource for federal agencies to inform their decision-making. It provides broad subject matter expertise across multiple different federal agencies such as USDA, NIH and others. Currently the Consortium has representatives from 27 agencies and includes over ~100 federal agency staff. CDC staff presented the outline and content areas for C-SAW on November 28, 2017 and incorporated feedback from several federal colleagues. Several members commented on how this type of standard information on the ECE setting which serves many young children is unavailable and they also helped determine that there was not duplication of efforts undertaken by other federal agencies.

- US Department of Agriculture (USDA) colleagues were consulted to ensure the proposed questions were not duplicative of USDA information collections, specifically those concerning the Child and Adult Care Food Program. There was one USDA survey carried out in 2015 – 2016 by USDA. However, this survey was: 1) limited to only those facilities that participated in the CACFP program; and 2) was a one-time only survey. Thus, because C-SAW does not consider CACFP participation when selecting our sample, our survey is distinct from their data collection. Additionally, the USDA survey was nationally representative and state specific data is not able to be obtained through this survey. C-Saw focuses on state specific data.

- Colleagues from the Administration for Children and Families (ACF) were consulted. In 2012 ACF fielded the National Survey of Early Care and Education (NSECE), which documented the nation's utilization and availability of early care and education, in order to deepen the understanding of the extent to which families' needs and preferences coordinate well with providers' offerings and constraints. We have heard from ACF colleagues that it is possible that the NSECE will be fielded a second time possibly in 2019. The primary purpose for collecting a second round of the NSECE is to build on the 2012 data by understanding: 1) the availability and characteristics of ECE providers and workers in 2019; and 2) how providers blend funding from different sources and the subsidy program. Thus, there are several reasons why C-SAW is distinct form NSECE. First, the primary purpose of NSECE is to document information about ECE availability and worker characteristics. It does not focus on nutrition, physical activity and wellness activities, as C-SAW proposes. Additionally, NSECE will provide nationally representative data from a sample of ECE providers (both ECE centers and Family Childcare Providers). C-SAW will provide state representative data on ECE centers.

A.5 Impact on Small Businesses or Other Small Entities

Although smaller childcare centers are involved in this data collection effort, they perform the same basic functions as larger center-based providers. Thus, they likely maintain written guidelines, rules, or policy documents, as well as weekly menus. These are the only documents that center directors need to reference when responding to the survey. The project attempts to minimize that burden by limiting the frequency of data collection to one time and to an estimated total of 35 minutes of response burden per individual. There is no option to use a short form to collect the data. However, the questionnaire is designed so that participants skip questions that are not applicable to their center (e.g., if meals are brought from home or not usually eaten at the center, the participant skips questions about menu planning, food preparation, and foods served). Questions are held to the absolute minimum required for the intended use of the data. Participation in the study is voluntary.

A.6 Consequences of Collecting the Information Less Frequently

This project seeks to implement a pilot survey of obesity related practices and policies in a random sample of ECE centers in four states. It is a one-time data collection designed to provide CDC with information on how ECE centers in those four states are meeting best practices related to nutrition, physical activity, and wellness. It will also provide CDC with an opportunity to review various components of the research design including: survey instrument performance and acceptability, contact and recruitment procedures and mode of administration, frame development and sampling strategy. This pilot survey will provide information that will help CDC determine the feasibility of implementing a 50-state surveillance system to monitor and measure state's progress in implementing policies and practices for obesity prevention in the ECE setting. Without the system, CDC, federal partners, states

and others will be unable to track changes and provide data that identifies educational and/or readiness gaps, and success in implementing national standards. Through expert review and cognitive testing, the instrument length has been reduced so that only the items needed to meet the goals of the information collection request are included. Respondent burden is further reduced by providing a web-based instrument with programmed skip patterns as well as consistency and data range checks.

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

This request fully complies with the regulation 5 CFR 1320.5.

A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. As required by 5 CFR 1320.8(d), a 60-day notice for public comments on the proposed data collection activities was published in the Federal Register on October 30, 2020**, (Volume 85, Number 211, p. 68883-68884).** A copy of the notice is included as **Attachment 2a**. One public comment was received by the CDC and the response to the supportive but not substantive comment is included in **Attachment 2b**.

B. The CDC consulted with persons outside the study design team during development of the Childcare Survey of Activity and Wellness (C-SAW). In 2014-2015, the CDC and Westat convened a consultative review group to obtain their individual input and foster group discussion among the experts on both the content and design of the survey. Key input was provided by the following individuals and organizations:

Table A-1. List of Individuals and Organizations Consulted for the Study

Name	Organization	Contact Information
Amy Yaroch, PhD	Gretchen Swanson Center for Nutrition, University of Nebraska	Phone: 402-559-5500 ayaroch@centerfornutrition.org
Lorrene Ritchie, PhD	Nutrition Policy Institute, University of California	Phone: 510-987-0523 Lorrene.Ritchie@ucop.edu
Nancy Weinfield, PhD	Westat	Phone: 240-314-2480 NancyWeinfield@Westat.com

Kathryn Henderson, PhD	Henderson Consulting	Phone: 203-738-9576 Kathrynh333@gmail.com
Alice Ann H. Gola, PhD	USDA Food and Nutrition Service	Phone: 703-305-4347 Aliceann.gola@fns.usda.gov
Ivelisse Martinez-Beck, PhD	Administration for Children and Families	Phone: 202-690-7885 Ivelisse.martinezbeck@acf.hhs.gov
Lara Robinson, PhD, MPH	NCBDDD/CDC	Phone: 404-498-3822 Lrobinson1@cdc.gov
Kellie O. Casvale, PhD, RD	Food and Drug Administration/ Birth to 24 Dietary Guidelines for Americans Consortium	Phone: 843-972-8343 Kellie.oconnell@fda.hhs.gov

In 2018, Westat also consulted with ECE directors who agreed to participate in the cognitive testing phase of C-SAW. They provided input on the recruitment letter, possible study endorsers, questionnaire and incentives.

A.9 Explanation of Any Payment or Gift to Respondents

Once the four pilot states are selected, we will discuss appropriate non-cash incentives, valued at $20.00, with each of the state contacts. Our goal is to provide early childcare centers with an incentive that will benefit the center. Based on findings from our cognitive testing, this could include:

- Tools to help engage the children in physical activity (e.g., CDs, teacher lesson plans and low cost equipment) or a gift card to purchase these;
- Training tapes or vouchers for online training offered by the state professional development agency that could meet state continuing education requirements; or
- A gift card for the center (e.g., from Lakeshore, Kaplan, or School Supply) that would allow each center to purchase what they need.

Early childcare education directors are often stretched for time and resources. Therefore, we would like to offer this token of appreciation for their participation. Many federally funded surveys in childcare settings have offered small incentives for ECE providers' participation in surveys. For example, in the *Study of Nutrition and Activity in Child Care Settings* (OMB Control Number 0584-0615) performed by

USDA, providers were given a $5 Visa pre-paid gift card for completing a survey that took approximately 10 minutes.

In the *Head Start Family and Child Experience Survey* (OMB Control Number 0970-0151) conducted by The Administration for Children and Families (ACF/HHS). A small ($10 or less) incentive is offered to teachers to complete a short (less than 20 minutes) Teacher Child Report Form for each selected Head Start child in their classroom. Response rates have consistently been 90% or higher for this component of the study.

Two statewide healthy eating and physical activity surveillance efforts most similar to the planned C-SAW were conducted in 2013 and 2010, respectively. The *Washington State Survey of Nutrition and Physical Activity in Child Care* was conducted with a statewide census of licensed childcare centers and family childcare homes, endorsed by state childcare agencies, and administered primarily as an online survey with hard copy surveys mailed to centers without email addresses. Respondents were entered into a drawing with incentives ranging from a $10 gift card to $1,000 iPads. This survey achieved a 46 percent response rate among licensed childcare centers (8). Similarly, *Supporting Early Child Care Food and Activity Environments* was conducted with a random stratified sample of licensed childcare centers and family childcare homes in both Minnesota and Wisconsin. It was conducted by universities and endorsed by state childcare agencies, and provided participants the choice of online, mail or telephone response. Respondents received a gift card valued at $20. This two-state survey achieved a 48% response rate for all childcare centers and a 30% response rate for tribally administered childcare centers (9).

As a review of the literature on incentives by Singer and Ye (10) concluded, “incentives increase response rates to surveys, in all modes,” study after study show that incentives increase the response rate. The contractor, Westat, has conducted many studies for the Federal Government and concluded the same, as shown in a number of reports and publications (examples are Reference items 11, 12). In general, the amount of incentive is highly correlated with an increase in the response rate but the relationship is not linear, and it has a diminishing return. As some studies show, a carefully designed incentive program can incur a minimal or no extra cost, potentially even reducing the survey costs by reducing data collection efforts.

A.10 Protection of the Privacy and Confidentiality of Information Provided by Respondents

A. **Privacy Act Determination.** This submission has been reviewed by CDC’s National Center for Chronic Disease Prevention and Health Promotion Associate Director of Science and the Information Systems Security Officer, who determined that the Privacy Act does not apply.

B. **Consent.** All childcare facilities will first be contacted by letter explaining the purpose of the study and inviting them to participate (Attachment 4). This letter identifies the study team, explains the purpose of the pilot study, emphasizes the voluntary nature of participation, the intended use of the data, and with whom the information can be shared. It includes the URL and the facility's unique username and password to access the survey.

Because the survey is not of a sensitive nature, we are not collecting documentation of informed consent. Participation in the survey will be considered consent.

C. **Safeguards.** The proposed information collection only requests information about the childcare center, not the individual (likely the center director or administrator) completing the survey on behalf of the center. No confidential business information is being collected.

The contractor, Westat, has extensive experience in data collection efforts requiring strict procedures for maintaining the privacy, security, and integrity of data. The following data handling and reporting procedures will be employed to maintain the privacy of survey participants. All contractor staff will be required to sign the contractor's confidentiality and nondisclosure agreement. In this agreement, staff pledge to maintain the confidentiality of all information collected from the respondents and will not disclose it to anyone other than authorized representatives of the study.

- Documents containing respondent information will be kept in locked file cabinets. At the close of the study, such documents are shredded.
- Data gathered from the interviews will be combined into master respondent files. Immediately after each file is created, it will be assigned a unique identification number. Any identifying information will be removed from the survey data and replaced with the identification number.
- Any respondent-identifying information will be contained in a master list to be created and protected in secure storage, to which only a limited number of project staff pledged to maintain privacy will have access.
- Names of the childcare facilities who participated in the survey will not be used in any published reports.

In addition, files will be accessible only by authorized personnel who have been provided project logons and passwords. Access to any of the study files (active, backup, or inactive) on any network multi-user system will be under the central control of the database manager. The database manager will ensure that the appropriate network partitions used in the study are appropriately protected (by password access, decryption, or protected or hidden directory partitioning) from access by unauthorized users.

D. **Nature of Participation**. Participation in this study is voluntary.

A.11 Institutional Review Board (IRB) and Justification for Sensitive Questions

The study protocol and materials have been reviewed by Westat's Institutional Review Board (IRB) and the research's expedited approval status is contained in Attachment 6.

There are no sensitive questions contained in the data collection instrument. The organizations are asked whether they have a written guideline, rule, or policy related to a particular topic (e.g., amount of time an infant may be placed in devices that constrain movement), but the survey does not ask for details on the policy. Responses will not be linked with an individual center's name and only reported at an aggregated level, so responses will not result in liability or competitive disadvantage to the organization. Although the information would not be considered sensitive, the study team has put privacy safeguards in place.

A.12 Estimated Annualized Burden Hours and Cost to Respondents

A.12.A Estimated Annualized Burden Hours

It is estimated that the total burden hours for the collection of information in this project will be 513 hours over the two-year period for which OMB approval is being requested. This estimate was derived using the following assumptions:

- Target sample size of 1,266 will yield 1,140 ECEs, with the remaining 10% out of business or otherwise ineligible. Assuming that 55% of the remaining sample will participate, the number of completed interviews will be 627. This response rate is based on a review of recent surveys of childcare centers conducted by the Federal government.
- Based on our cognitive testing findings, it will take about 5 minutes to review the recruitment materials. The survey will take 40 minutes to complete (5 minutes preparation and 35 minutes to complete the questionnaire).

Table A-2 summarizes the burden hours for each data collection activity. The total estimated burden hours are 513.

Table A-2. Estimated Annualized Burden to Respondents

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
ECE Director or Administrator	Recruitment Letter	1,140	1	5/60	95
	Web/Mail Survey	627	1	40/60	418
Total					513

A.12.B Estimated Burden Hours

We have estimated the median hourly wage for ECE Center Directors or Administrators using the national median hourly wage for the U.S. Department of Labor, Bureau of Labor Statistics Occupational Category (occupation code 11-9031): Education Administrators, Preschool and Childcare Center/Program. The estimated cost to all respondents is $11,564 (Table A-3).

Table A-3. Estimated Annualized Cost to Respondents

Type of Respondent	Form Name	Total Burden Hours	Median Hourly Wage Rate	Total Cost
ECE Director or Administrator	Recruitment Letter	95	$22.54	$2,142
	Web/Mail Survey	418	$22.54	$9,422
Total				$11,564

[a] Median hourly rate for Nation, U.S. Dept. of Labor, Bureau of Labor Statistics. Occupation: Education Administrators, Preschool and Childcare Center/Program (occupation code 11-9031) May 2017. Source: https://www.bls.gov/oes/current/oes_nat.htm#11-0000

A.13 Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

No costs, other than those described in A.12, will be incurred by the respondents to complete this data collection.

A.14 Annualized Cost to the Federal Government

Table A-4 presents the two types of costs to the Government that will be incurred: 1) External contracted data collection and analyses and 2) Government personnel. Total External (Contractor) project cost to the federal government for conducting this project is $426,000 over a 30 month project period resulting in an annualized cost is $170,400 per year. These costs cover combined labor, fringe, and indirect fees plus other direct costs (ODCs).

The government costs include personnel costs for federal staff involved in project oversight and development of this Information collection request. These efforts involve approximately cost of federal government personnel would be the salary of CDC staff who oversee the project. The primary CDC staff member for this project is a behavioral scientist (GS-13 Step 5) in the Division of Nutrition, Physical Activity and Obesity and second CDC staff member a Public Health Analyst (GS 13 Step 10) also assists with overseeing the project activities. An annual total of 208 hours for a GS-13, Step 5 behavioral scientist at $49.76 per hour, and 63 hours for the public health analyst at $57.08 per hour, for a total estimated annualized cost of Federal government employees is $13,948 for the 3 year project period. Federal employee pay rates are based on the 2018 General Schedule of the Office of Personnel Management (OPM).

The total estimated annualized cost to the Federal government is $184,348.

Table A-4. Estimated Annualized Federal Government Cost Distribution

Type of Government Cost	Annualized Cost
Contractor labor, fringe, and indirect fees plus ODCs	$170,400
Federal Staff (per year):	
GS-13 behavioral health scientist, Step 5	$10,351
GS-13 public health analyst, Step 10	$3,597
	(Total Federal

	Govt.=$13,948)
Total	$184,348

A.15 Explanation for Program Changes or Adjustments

This is a revision data/information collection request. We were unable to collect the information as planned due to early care and education centers closures because of the COVID-19 pandemic. A two year extension is needed. We are also seeking to add 14 COVID-19 related questions to the survey to understand the impact of COVID-19 on our topic areas of child care center status, nutrition, physical activity and wellness.

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

Assuming the data are of sufficient quality, reports would include information on background of the surveillance system, sampling and weighting methods, and summary of key findings in a brief report with text and tables to summarize the results. These reports will provide prevalence estimates of ECE providers practices related to key nutrition and physical activity topics such as servings of fruits and vegetables and amount of time provided for physical activity for publication. Westat and CDC will collaborate to develop a plan for disseminating each state's report and consultation with the participating state to determine who else might be interested in the findings. Sharing results with key stakeholder such as health and education department officials and program staff, parents, the media, and the early childhood education community may help build support for health policies and programs.

Table A-5 illustrates the project schedule. Many of the early childhood education centers we will be surveying are closed during the non-school year months of June, July and August. The schedule assumes that we will receive OMB clearance at the end of 2020, so that the frame of centers can be finalized, samples selected, and the field period completed in 2021.

Table A-5. Project Time Schedule

Activity	Time Schedule
Sampling frame finalization and sample selection	1 month after OMB approval
Field period	2-3 months after OMB

	approval
Data cleaning, analysis, draft results	6 months after OMB approval
Final report and database; including assessment of data quality and lessons learned and potential publication	10 months after OMB approval

A.17 Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not inappropriate.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

REFERENCES

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