

**Consumer Product Safety Commission: Warning Label Comprehension and Interpretation  
by Consumers for Children's Sleep Environments**

**November 17, 2020**

**Supporting Statement Part A**

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**LIST OF ATTACHMENTS**

- Attachment 1: Survey Screener
- Attachment 2: Informed Consent Form
- Attachment 3: Survey Questionnaire
- Attachment 4: Survey Stimuli

**Goal of the study:** This study is aimed at helping CPSC staff to provide evidence-based and audience-centered warning label recommendations to increase overall caregiver adherence to infant product warning labels.

**Intended use:** Findings from this information collection will provide CPSC strategies and best practice approaches for delivering warnings to infant caregivers. Ultimately, CPSC staff will use the findings to help refine and enhance warning label recommendations to effectively convey critical information about product warnings in the future. The ultimate goal of this research is to identify ways to increase caregiver understanding and adherence to infant product warning labels, which, in turn will potentially reduce the incidence of infant sleep-related deaths in the future.

**Methods to be used:** We plan to conduct a copy test survey to test and assess infant product warning label language across parents and grandparents of children ages 2 months–11 months. A total of 650 participants will take the survey.

**The subpopulation to be studied:** The study population for this effort will be made up of individuals ages 18 and over. Eligibility criteria (which can be found in the screener in Attachment 1) is as follows: all individuals will be a parent or grandparent with a child/grandchild between 2 months-11 months old. To be an eligible grandparent, the grandchild must visit the grandparent at least once a week and be under the grandparent’s supervision. Lastly, the individuals must not have worked for or in childcare (*e.g.*, daycare employee, nanny), children’s product manufacturing, market research, marketing, or health care company as a medical professional at any organization in the past 5 years.

**How the data will be analyzed:** Survey data will be used to conduct A/B comparisons of warning label copy, meaning two variations of the same product will be tested. Quantitative analyses will include t-tests between each label to assess the results of the A/B comparisons to eventually provide strategies and best practice approaches for delivering warnings.

## Supporting Statement A

### A1. Circumstances Making the Collection of Information Necessary

The Consumer Product Safety Commission (CPSC) requests Office of Management and Budget (OMB) approval of a quantitative survey project to test and assess warning label language.

The CPSC is charged with protecting the public against dangers associated with consumer products. To target specific threats and put forth programs that would mitigate the risk of dangers related to products, CPSC conducts research to develop communication recommendations to influence positive behavior change. The 2019 Nursery Product Annual Report reported 320 deaths related to nursery products from 2014-2016. Infant sleep products were associated with the most deaths: cribs/mattresses (33%), cradles/bassinets (18%), and playpens/play yards (20%). As such, CPSC staff concludes that it is critical that consumers understand the warning labels on infant sleep products, as well as hazards associated with infant sleeping environments, to reduce the incidence of infant sleep-related deaths in the future.

CPSC staff seeks a better understanding of consumers' comprehension of specific warning labels for products that may be used as a sleeping environment for infants and how those labels influence caregivers' behavior. Past research conducted by Fors Marsh Group, LLC (FMG), for CPSC highlights caregivers' lack of adherence to infant sleep safety messaging.<sup>1</sup> Caregivers perceive warning labels as containing repetitive, non-specific information that is often used by manufacturing companies as a tactic to protect themselves from liability. Additionally, caregivers are inundated with constantly changing safety messaging, resulting in ambiguity about what messages are most relevant and current. Caregivers often end up listening to friends and family, or relying on past experience, to decide what behaviors are safe for their child, rather than following the current guidelines recommended by experts. Product marketing and new products pose a risk for consumers as well. If caregivers are not attuned to the safety messaging on new products, they are more likely to use the products incorrectly. CPSC staff is aware that the purpose of safety warning labels and safety messaging is not clear to the target audience and is becoming a barrier to safe sleep for infants.

As such, CPSC staff seeks further research to understand the gap in consumer knowledge about product warning labels and consumer adherence to, and behaviors associated with,

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<sup>1</sup> Caregiver Perceptions and Reactions to Safety Messaging Focus Groups.”  
Uploaded to ROCIS on: 3/20/2019.  
CR Reference #: 201707-3041-003.

warning labels. Ultimately, CPSC staff may use the study findings to refine and enhance warning labels to help effectively convey critical information about product warnings in the future. Additionally, this work will serve to advance CPSC's overall mission of protecting the public against dangers associated with consumer products.

## **A2. Purpose and Use of Information Collections**

Information obtained through this project is not intended to be nationally representative and will not be directly tied to any policy decisions regarding warning labels. Rather, information from this project will inform CPSC about caregiver perceptions and comprehension of warning label language. CPSC staff may use findings from this effort in conjunction with findings from other phases of this research to assist with providing recommendations for refining and enhancing warning labels in the future. Specifically, survey respondents will answer questions related to various types of warning labels to assist CPSC staff to better understand message comprehension, consumers' motivation to follow instructions, and overall effectiveness of the warning label in conveying hazard information.

CPSC contracted with FMG to develop and execute this project. The project will consist of an online survey with caregivers age 18 and above. Eligibility criteria (which can be found in the screener attachment as well) are as follows: all individuals will be a parent or grandparent with a child/grandchild between 2-11 months old, because CPSC staff is interested in assessing labels on products that are intended for this age range. To be an eligible grandparent, the grandchild must visit the grandparent at least once a week and be under the grandparent's supervision. Lastly, the individuals must not have worked for or in childcare (e.g., daycare employee, nanny), children's product manufacturing, market research, marketing, or health care company as a medical professional at any organization in the past 5 years.

### *Survey*

All respondents will be invited to join the study through a partnering panel provider, Prodege. Prodege will contact members from their panel who fit the eligibility criteria for the survey through an email inviting them to take part in the survey. Invitees will receive reminder emails encouraging them to take the survey. The number and frequency of reminder emails depends on survey fielding progress; but typically, respondents will receive a reminder email about once a week. Potential respondents invited to take the survey will complete the online screening questionnaire first, which will take approximately 2 minutes to complete. After completing the screening questionnaire, respondents who qualify for the study will be directed to an informed consent page, and then to the main questionnaire.

### **A3. Use of Improved Information Technology and Burden Reduction**

Prodege will recruit for the survey and conduct the survey online.

### **A4. Efforts to Identify Duplication and Use of Similar Information**

To our knowledge, CPSC has never conducted a comprehensive study to gather data on knowledge and awareness regarding the specific hazards of interest (i.e., not adhering to infant sleep product warning labels and testing warning label language) in this collection.

### **A5. Impact on Small Businesses or Other Small Entities**

Respondents in this project will be members of the general public and not business entities. CPSC staff does not anticipate any impact on small businesses or other small entities.

### **A6. Consequences of Collecting the Information Less Frequently**

This effort is a one-time data collection. Without the information collection requested for this project, CPSC staff could face difficulties in developing effective strategies and best practice approaches for delivering warnings to caregivers of infants. Failure to collect this information could prevent CPSC staff from making effective changes to warning labels in the future, which in turn could decrease adherence to warnings. CPSC staff has given careful consideration to the project design to effectively balance the information collection objectives with participant burden.

### **A7. Special Circumstances Relating to the Guidelines of 5 CFR § 1320.5**

This request fully complies with Title 5 of the Code of Federal Regulations (5 CFR) section 1320.5.

### **A8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**

A. CPSC staff consulted the following individuals outside of the agency on project design and material development:

Any public comments received will be addressed prior to final OMB submission.

- Panne Burke, Senior Researcher, Fors Marsh Group  
901 N Glebe Rd Ste 1010  
Arlington, VA 22203  
571-303-2898  
[pburke@forsmarshgroup.com](mailto:pburke@forsmarshgroup.com)
- Lauren Angel, Researcher, Fors Marsh Group  
901 N Glebe Rd Ste 1010  
Arlington, VA 22203  
571-444-1140  
[langel@forsmarshgroup.com](mailto:langel@forsmarshgroup.com)
- Elizabeth Simoneau, Researcher, Fors Marsh Group  
901 N Glebe Rd Ste 1010  
Arlington, VA 22203  
571-444-1130  
[esimoneau@forsmarshgroup.com](mailto:esimoneau@forsmarshgroup.com)

No major unresolved problems stem from this consultation.

#### **A9. Explanation of Any Payment or Gift to Respondents**

For the survey, respondents will receive proprietary internal currency through the panel provider. Swagbucks are virtual currency that can be redeemed to purchase gift cards. Swagbucks have a 100 to 1 redemption value. For example, 50 Swagbucks are equivalent to \$0.50. For the purposes of this study, participants will earn Swagbucks equivalent to about \$1 for completing the survey.

As participants often have competing demands for their time, incentives are used to encourage participation. The use of incentives treats participants justly and respectfully by recognizing and acknowledging the effort they expend to participate. When applied in a reasonable manner, incentives are not an unjust inducement and are an approach that acknowledges respondents for their participation (Halpern, et al., 2004).

Incentives must be high enough to equalize the burden placed on respondents with respect to their time and cost of participation (Russell et al., 2000), as well as provide enough motivation for them to participate in the project. If the incentive is not adequate, participants might agree to participate, and then not show up, or drop out early.



Additionally, inadequate incentives can cause a difficult and lengthy recruitment process, which, in turn, can delay launching the information collection. This can lead to increased costs. Incentives are also necessary to ensure adequate representation among harder-to-recruit populations, such as low socio-economic groups and high-risk populations (Groth, 2010).

**A10. Protection of the Privacy and Confidentiality of Information Provided by Respondents**

FMG will collect all information for this project with an assurance that the respondents’ responses and data will remain private to the extent allowable by law. The consent form contains a statement emphasizing that no one can link a participant’s identity to his/her responses and that each participant can only be identified by a unique ID. FMG will encrypt all data in transit. Finally, FMG will operate and maintain all equipment according to industry standard practices, and validate all software using industry standard quality assurance practices.

Independent contractors will not share personal information regarding participants with any third party without the participant’s permission, unless it is required by law to protect their rights, or to comply with judicial proceedings, a court order, or other legal process. All project information received by the CPSC will remain in a secured area. No project information will contain identifying information.

**A11. Institutional Review Board (IRB) and Justification for Sensitive Questions**

The survey does not include any questions considered especially sensitive in nature; although, we will collect respondent's ethnicity, children’s ages, and annual household income, to determine the potential for non-response bias.

**A12. Estimates of Annualized Burden Hours and Costs**

Table A12.1 estimates the time burden and costs to respondents. The online survey for the proposed study will take approximately 15 minutes (0.25 hours) to complete, and it will consist of 650 respondents.

Table A12.1. Estimated Annualized Burden Hours: Survey

Project Activity	Number of Respondents	Frequency of Response	Time Burden of	Total Hours	Respondent Cost
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			Response (hours)		
	(A)	(B)	(C)	(D=AxC)	(Dx\$36.22)
Copy Testing Survey	650	1	0.25	162.50	\$5,885.75

**A13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers**

Respondents bear no costs to participate, other than their time.

**A14. Annualized Cost to the Government**

The total cost of this collection to the federal government is \$150,978. This represents 9 months of staff time annually. This amount includes federal employee salaries and benefits. No travel costs are associated with the collection. This estimate uses an annual total compensation of \$137,491 (the equivalent of a GS-14 Step 5 employee, in the Washington D.C. area), which represents 68.3 percent of the employer costs for employee compensation, with the remaining 31.7 percent added for benefits (U.S. Bureau of Labor Statistics, “Employer Costs for Employee Compensation,” March 2020, Table 2, percentage of wages and salaries for all civilian management, professional, and related employees), for total annual compensation per FTE of \$201,305.

**A15. Explanation for Program Changes or Adjustments**

This is a new information collection.

**A16. Plans for Tabulation and Publication and Project Time Schedule**

FMG will develop a technical report summarizing the findings of the project after the survey has fielded. CPSC staff will use the findings with findings from other phases of this research, to assist CPSC staff with making recommendations on how to refine and enhance warning labels.

CPSC requested OMB approval for 1 year. Table A16.1 outlines the project timeline.

Table A16.1. Project Timeline

Item	Timeline
Survey Fielding	Within 1 month of OMB approval
Survey Analysis	Within 2 months of completion of survey fielding
Research Report	Within 2 months of completion of survey fielding

**A17. Reason(s) Display of OMB Expiration Date is Inappropriate**

The display of the OMB expiration date is not inappropriate.

**A18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.

## REFERENCES

Groth, SW. (2010). Honorarium or coercion: use of incentives for participants in clinical research. *Journal of the New York State Nurses Association*.

Halpern, SD., Karlawish, JH., Casarett, D., Berlin, JA., Asch, DA. (2004). Empirical assessment of whether moderate payments are undue or unjust inducements for participation in clinical trials. *Archives of Internal Medicine*, 164(7), 801–803.

Russell, ML., Moralejo, DG., Burgess, ED. (2000). Paying research subjects: Participants' perspectives. *Journal of Medical Ethics*, 26(2), 126–130.