

**Alternative Supporting Statement for Information Collections Designed for  
Research, Public Health Surveillance, and Program Evaluation Purposes**

# **2019 National Survey of Early Care and Education COVID-19 Follow-up**

**OMB Information Collection Request  
0970 - 0391**

## **Supporting Statement Part A**

**June 2021**

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 is a nonsubstantive change request for 2019 National Survey of Early Care and Education COVID-19 Follow-Up.

**Progress to Date:** Wave 1 of the NSECE COVID Follow-up has now been completed with 4,700 center-based providers, 3,500 home-based providers, and 2,800 workforce members. Data are currently being processed and analyzed.

Since approval in March 2021 of some minor changes to the NSECE COVID Follow-up Wave 2 protocol, the Administration for Children and Families (ACF) has become aware that substantial federal funds allocated for pandemic relief for ECE providers have not yet been disbursed by states. A central purpose of the NSECE COVID-19 Follow-up is to collect data on providers' receipt of pandemic assistance. To improve the ability of the data collection to collect data on providers' receipt of pandemic assistance, we propose to delay parts of Wave 2 data collection to fall 2021. Spring 2021 data collection for Wave 2 has begun, but only for a subsample of the full center-based provider sample.

- **Timeline and Time Sensitivities:** To ensure data collection can begin on the new timeline for fall fielding, approval is needed by August 31, 2021. This will also allow time for ACF to submit an extension request for this information collection prior to the current expiration date of November 30, 2021.
- **Summary of changes requested:** This changes request includes the following:
  - Update the sampling plan for the Center-Based Provider survey. The proposed sample of respondents remains the same, but the data collection plan has been adjusted to allow ACF to collect relevant information related to pandemic relief funds.
  - Minor updates to previously approved questionnaires to account for proposed changes to the data collection timing and structure

We do not intend for this information to be used as the principal basis for public policy decisions.

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

There are no legal or administrative requirements that necessitate this collection. The Administration for Children & Families (ACF) is undertaking the collection at the discretion of the agency. This information collection is part of an effort by ACF to better understand how the COVID-19 pandemic is affecting early care and education (ECE) supply and workforce through a COVID-focused follow-up IC of the 2019 National Survey of Early Care and Education's sampled ECE programs and workforce (2019 NSECE; OMB # 0970-0391). This study is sponsored by the Office of Planning, Research, and Evaluation, Administration for Children & Families (ACF), U.S. Department of Health and Human Services (HHS). This follow-up study using the NSECE sample offers a unique opportunity to answer questions about the effect of the pandemic on ECE as it is nationally representative of all sectors of the ECE system, and offers recent pre-pandemic data that could be used for pre- and post-pandemic comparisons.

The 2012 and 2019 NSECE surveys provided the first national portrait of demand for and supply of ECE in 20 years. In March 2020, about a year after the 2019 NSECE data were collected (January-June 2019), the COVID-19 pandemic struck the United States. The pandemic has dramatically affected the ECE system: some states mandated closures of all ECEs except those providing emergency care to essential workers; all ECEs have different policies and operating procedures to support worker and child safety; and, multiple funding streams have emerged to help ECEs weather closures and additional costs during the pandemic<sup>1</sup>. Data is needed to identify these changes to the ECE system and their effects, including how many and which providers were able to access financial assistance, and the impact of this assistance on the program's capacity and quality. Americans rely on ECE to work. Thus, a functional ECE system is critical to our country's economic recovery. Congress has allocated funds to address the needs of the ECE system in such legislation as the Coronavirus Aid, Relief, and Economic Security Act, the Coronavirus Response and Relief Supplemental Appropriations Act of 2021, and the American Rescue Plan Act. ACF has become aware that substantial federal funds allocated for pandemic relief for ECE providers have not yet been disbursed by states as of spring 2021. There is a need for policy makers, researchers, and practitioners to better understand how the pandemic is affecting ECEs to better support the ECE workforce and families during and after the pandemic. The agency has not identified any nationally-representative sources that will document how these federal funds are distributed within the ECE system and its workforce. Wave 2 NSECE COVID-19 Follow-up data collection is being delayed to fall 2021 to fill this information gap.

### **A2. Purpose**

#### *Purpose and Use*

The COVID-19 pandemic has had an enormous impact on the early care and education sector, although consistent, representative data are not available that impact. The NSECE COVID-19 Follow-up data will

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<sup>1</sup> Hunt Institute (2020). *COVID-19 resources and policy considerations: Child care state actions*. Retrieved from: <http://www.hunt-institute.org/covid-19-resources/state-child-care-actions-covid-19/>

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provide consistent and representative data to ACF for better understanding how the pandemic has affected providers and workforce members, how the ECE supply available to families may have changed, and how providers and workforce members might better be supported in future emergency situations. The information collected is meant to contribute to the body of knowledge on ACF programs. It is not intended to be used as the principal basis for a decision by a federal decision-maker, and is not expected to meet the threshold of influential or highly influential scientific information.

*Research Questions or Tests*

The NSECE COVID-19 Follow-up is designed to address the research questions listed in Appendix A.

*Study Design*

The NSECE COVID-19 Follow-up includes two longitudinal waves following-up the nationally-representative samples achieved in the 2019 NSECE of center-based ECE providers, paid home-based ECE providers, and classroom-assigned center-based workers. The resulting data will document the experiences of ECE providers during the COVID-19 pandemic. Center-based ECE providers operated by school districts requiring review of research protocols will not be fielded, due to time constraints in securing approval; publicly available administrative data will be sought to represent these centers where available. NSECE COVID Follow-up data will describe the pandemic experiences of providers active in 2019. To the extent that new providers have entered ECE provision since spring 2019, these providers will not be described by the collected Follow-up data.

Exhibit A1. Key Features of Proposed Data Collection Activities

<i>Data Collection Activity</i>	<i>Instrument(s)</i>	<i>Respondent, Content, Purpose of Collection</i>	<i>Mode and Duration</i>
Center-based Provider Survey	Center-based Provider Questionnaires, Wave 1 and Wave 2	<b>Respondents:</b> center-based providers who participated in the 2019 NSECE  <b>Content:</b> Care status calendar, experience with pandemic programs, ECE practices during reference period, ECE status during focal week  <b>Purpose:</b> Understand center practices and statuses since March 2020	<b>Mode:</b> web, with phone as needed  <b>Duration:</b> 20 minutes
Center-based Provider Survey, Funding Receipt Supplement	Center-based Provider Questionnaire, Wave 2, Financial Assistance section	<b>Respondents:</b> center-based providers who participated in the 2019 NSECE and completed Wave 2 Spring interview  <b>Content:</b> Experience with pandemic programs providing funding  <b>Purpose:</b> Understand funding received by ECE programs in summer 2021	<b>Mode:</b> web, with phone as needed  <b>Duration:</b> 12 minutes
Home-based Provider Survey	Home-based Provider Questionnaire, Wave 1 and Wave 2	<b>Respondents:</b> paid home-based providers who participated in the 2019 NSECE  <b>Content:</b> Employment calendar, experience with pandemic programs, ECE practices during reference period, ECE status during focal week, current	<b>Mode:</b> web, with phone as needed  <b>Duration:</b> 20 minutes

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		personal situation  <b>Purpose:</b> Understand center practices and statuses since March 2020, as well as personal impact on providers	
Workforce Survey	Center-based Worker Questionnaire, Wave 1 and Wave 2	<b>Respondents:</b> center-based workers who participated in the 2019 NSECE  <b>Content:</b> Employment calendar, ECE practices during reference period, ECE status during focal week, current personal situation  <b>Purpose:</b> Understand ECE professional experiences and personal impact on ECE workers since March 2020	<b>Mode:</b> web, with phone as needed  <b>Duration:</b> 20 minutes

*Other Data Sources and Uses of Information*

The most important additional data sources will be the 2019 NSECE data, which will provide the baseline pre-pandemic conditions for participating sample members, as well as the basis for assessing any non-response bias. In addition, the 2012 and 2019 NSECE analyses and data files have linked to tract-level data from the Census Bureau’s American Community Survey for community-level contextual information, for example, on community poverty density and urbanicity. We plan to make use of school districts’ administrative data to gather information for centers that cannot be fielded due to research review requirements.

Additional linkages to publicly available data may be undertaken by secondary data analysts to understand how pandemic conditions such as local infection rates or emergency child care licensing rules may have affected workers or programs.

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

Data collection has and will continue to include web-based interviewing, which allows respondents to complete the interview at their own convenience and with minimum contact with contractor data collection staff. Self-administration times are generally shorter than interviewer-administered administration times due to faster silent reading ability of most adults, so web-based interviews are expected to reduce burden relative to interviewer administration. We also use responses from prior interviews, administrative data sources, and programming within the instrument to minimize burden. This approach minimizes cost to the government, maximizes respondent flexibility and convenience, and reduces processing time to provide data to the agency and research community.

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

Every effort has been made to determine whether similar research and information exists by searching existing data and reports, and in consultation with federal staff. As part of these efforts, the study team reviewed reports and other published resources that specifically focus on the impacts of COVID-19 on ECEs. Reports were found for 23 states as well as from three private organizations that conducted multi-state surveys.

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Several state and three national surveys have been conducted to identify the impact of COVID-19 on early care and education in the U.S. These include both household surveys, which primarily focus on identifying families' needs and preferences for child care in light of COVID-19; and provider surveys, which primarily focus on the impact of COVID-19 on program closures and financial needs.

Though extant data sets provide useful information, they also leave multiple gaps in our knowledge base on the impact of COVID-19 on early care and education (ECE) programs and the ECE workforce. First, existing data from national organizations, such as the National Association for the Education of Young Children, LENA and the National Association of Family Child Care Providers, and from each of the 23 states with published reports use convenience sampling procedures via web-based surveys. This sampling technique favors data from motivated providers and cannot be assumed to yield representative data. Second, the data collected tend to focus on a limited number of topics and do not include much, if any, information on members of the ECE workforce or the impact of COVID-19 on the quality of care offered and educational practices used in ECE settings.

This COVID follow-up on the 2019 NSECE differs from existing studies in several important ways:

1. **The 2019 COVID follow-up of the 2019 NSECE will allow for the reliable comparison of pre- and post-pandemic data.** The 2019 NSECE provider surveys were fielded in January-June of 2019, yielding recent comprehensive and nationally representative data on center- and home-based ECE programs as well as members of the ECE workforce. The COVID follow-up survey will allow for comparisons of the availability and usage of child care, dimensions of quality, and educational practices by type of care pre- and post-pandemic.
2. **The 2019 COVID follow-up of the 2019 NSECE will provide nationally-representative data of the impact of the pandemic on ECE.** The COVID follow-up of the 2019 NSECE survey will also provide a nationally representative picture of the impact of the pandemic on early care and education, which will serve to contextualize and situate smaller state surveys.
3. **The 2019 COVID follow-up of the 2019 NSECE will survey multiple sectors of providers.** The 2019 NSECE collects data from providers across all sectors of ECE (informal home-based providers, licensed home-based providers, and center-based including Head Start, pre-K, and community-based ECE). This is in contrast to existing surveys that have targeted solely one or two sectors of ECE (e.g., just community-based centers and/or family child care providers). Having pre- and post-pandemic data from providers in each of these sectors will allow for analyses of shifts in the workforce (e.g., from center- to home-based care).
4. **The 2019 COVID follow-up of the 2019 NSECE will provide information on low-income families.** The 2019 NSECE oversampled in low-income communities. The COVID follow-up of this sample will allow researchers to explore the impact of COVID comparing high and low density poverty neighborhoods.

We therefore concluded that additional information beyond existing research and data is needed to better understand the impacts of COVID-19 on all sectors of ECEs across the country. The study team concluded that no existing data source can provide all data needed to fully address the study's objectives. We will also seek administrative data for school-based centers where available, rather than imposing burden on these organizations.

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

Some ECE providers in the selected sample are small businesses. The proposed data collection approach provides flexibility in timing and mode of interview participation to minimize burden on these businesses and other respondents.

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

Given the extended duration of the current pandemic, a single wave of data would not be able to capture both the pandemic experience and the efforts to recover after the pandemic, both of which are critical to the agency's information needs to support ECE providers and the availability of high-quality ECE to families for their participation in the economy and their children's development.

### **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 July 30, 2020, Volume 85, Number 147, page 45887, and provided a sixty-day period for public comment. During the notice and comment period, 2 comments were received, which are attached. In response to comments from Local Initiatives Support Corporation (LISC), we included questions on anticipated facilities improvement needs in the Center-based and Home-based questionnaires. We reviewed comments from the Center for the Study of Child Care Employment and find that the proposed questionnaires and design are consistent with their recommendations.

An additional opportunity for public comment will be offered through the request for an extension to complete data collection. We anticipate publishing an initial notice in the Federal Register within the next month (June 2021), which will provide a sixty-day period for public comment on all current versions of materials for the NSECE COVID-19 Follow-up.

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

Expert consultations have taken place regarding how best to design an information collection to support the agency's information needs, as well as on data availability, data collection, and dissemination strategies. We have consulted several individuals outside of ACF, through group discussions, materials review, and one-on-one correspondence.

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**A9. Tokens of Appreciation**

We will continue to use pre-paid tokens of appreciation, as previously approved, as part of the overall data collection strategy for the NSECE COVID-19 study for the following reasons:

1. To increase the likelihood that data collection can be completed within the planned data collection windows for both proposed waves of the COVID-19 Follow-up. Compressed time periods are essential both to facilitate collection of two separate waves of data, and because extended data collection periods will make it more difficult to chart the course of the pandemic over time.
2. To minimize bias in estimates, ensuring that the final data sets are representative of the target population.
3. To ensure that target sample sizes are achieved. Target sample sizes are required to support high priority subgroup analyses, especially ECE providers and workers in rural areas.

**Pre-Paid Token of Appreciation and Experiment**

Research about the effectiveness of survey tokens of appreciation has found that pre-paid mail tokens of appreciation have a larger impact per dollar than pre-paid tokens of appreciation by other modes or post-paid tokens of appreciation. Based on detailed experimentation in the 2017 National Household Education Survey (NHES), the US Department of Education implemented a \$5 pre-pay token of appreciation in the 2019 NHES (OMB # 1850-0768). Although the NHES was a household survey, it appears to be the most rigorous test available of pre-payment tokens of appreciation.

We provided a \$5 unconditional pre-paid token of appreciation to encourage participation in all three sample types, however, during the Wave 1 data collection, we built in an experiment as to the timing of the pre-payment. Our data collection approach calls for two parallel modes of outreach which will occur simultaneously but in a coordinated fashion: email encouragement to complete the web questionnaire, together with interviewer telephone outreach to encourage web completion (or a telephone interview, if needed). We conducted an experiment to understand the optimal timing of the pre-paid token of appreciation, which was sent by postal mail.

The table below indicates four experimental conditions, varying the timing of a postal mailing with token of appreciation and including no-token of appreciation conditions as controls. Studies often include pre-payment tokens of appreciation in initial mailings to encourage self-response before deploying more costly interviewer outreach methods. Also, the 2017 NHES found that larger pre-payment tokens of appreciation were more effective in the first two mailings to respondents than in subsequent outreach.



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However, the 2012 and 2019 NSECE experience with early care and education providers and workers is that they rarely will respond to invitations for survey participation without personalized interviewer outreach supplemented by repeated email encouragement. For these individuals, we hypothesized that a pre-payment token of appreciation may be more effective once respondents are convinced of the legitimacy of the survey through interviewer communication and facilitated by the ease of an emailed survey link (rather than having to type in a web address from a hard copy mailing).

The 2019 NSECE included a similar \$2 pre-payment token of appreciation for the listed home-based provider sample to induce sampled individuals to reveal whether or not they were eligible for the listed home-based provider survey (many would have stopped providing care and so become ineligible). Because there was no experimental design, we were unable to report findings of the efficacy of that token of appreciation offer.

The table below includes a breakdown of the approximate percentages of respondents we included into each condition.

Exhibit A2. Experiment for pre-paid token of appreciation to encourage self-administration

Treatment category	Percentage of sample	Timing of postal mailing	Dollar amount of postal mailing
Initial postal mailing with token of appreciation	42	Prior to email or interviewer outreach	\$5
Postal mailing in Week 4 with token of appreciation	42	Week 4, after attempted email and interviewer outreach	\$5
Initial postal mailing no token of appreciation	8	Prior to email or interviewer outreach	None
Postal mailing in Week 4 with no token of appreciation	8	Week 4, after attempted email and interviewer outreach	None

The experiment pertains to sample members for whom we have both email and a mailing address. Some respondents have only one type of contact information (only email or only a mailing address), while others have both. If the only contact information we have is a mailing address, we included a \$5 pre-paid token of appreciation along with their initial mailing. If the only contact information we have is an email, the sample member did not receive a pre-token of appreciation.

The goal of the experiment in Wave 1 was to identify the optimal timing of a postal mailing with a tokens of appreciation among this survey population. We evaluated the experiment both in terms of overall completion rates, costs incurred, and representativeness of the sample. We found minimal differences between the two groups receiving the pre-payment (top two rows above) on their final

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completion rates or sample representativeness. Early pre-payment (top row) involves greater costs for tokens of appreciation, while later pre-payment (second row) requires greater field interviewer outreach, so the net financial impact is the same for the two top rows. The groups that did not receive any pre-payment (bottom two rows) lagged by several percentage points in final completion rates. Informed by these results, we have implemented the early pre-payment of tokens of appreciation for all fielded cases in the spring 2021 Wave 2 data collection. We chose the early pre-payment because of administrative simplicity since it was essentially equivalent to the later pre-payment timing.

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

#### *Personally Identifiable Information*

Personally identifiable information will only be collected to pay respondent honoraria, and will be limited to e-mail address or mailing address (depending on respondent's choice of honorarium payment type.) Information from the 2019 NSECE is used to confirm the respondent's identity, but no new information is collected, and no PII is revealed during identity confirmation. 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 kept private to the extent permitted by law. Respondents will be informed of all planned uses of data, that their participation is voluntary, and that their information will be kept private to the extent permitted by law. As specified in the contract, the Contractor will comply with all Federal and Departmental regulations for private information.

Due to the sensitive nature of this research (see A11 for more information), the project obtained a Certificate of Confidentiality. This Certificate is included as Appendix E. The Certificate of Confidentiality helps to assure participants that their information will be kept private to the fullest extent permitted by law.

#### *Data Security and Monitoring*

As specified in the contract, the Contractor shall protect respondent privacy to the extent permitted by law and will comply with all Federal and Departmental regulations for private information. The Contractor has developed a Data Safety and Monitoring Plan that assesses all protections of respondents' PII. The Contractor shall ensure that all of its employees, subcontractors (at all tiers), and employees of each subcontractor, who perform work under this contract/subcontract, are trained on data privacy issues and comply with the above requirements.

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 Contractor shall securely generate and manage encryption keys to prevent unauthorized decryption of information, in accordance with the Federal Processing Standard. The Contractor shall: ensure that this standard is incorporated into the Contractor's property management/control system; establish a procedure to account for all laptop computers, desktop computers, and other mobile devices and portable media that store or process sensitive information. Any data stored electronically will be secured in accordance with the most current National Institute of Standards and Technology (NIST) requirements and other applicable Federal and Departmental regulations. In addition, the Contractor must submit a plan for minimizing to the extent possible the inclusion of sensitive information on paper records and for the

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protection of any paper records, field notes, or other documents that contain sensitive or PII that ensures secure storage and limits on access.

### **A11. Sensitive Information<sup>2</sup>**

The home-based provider and workforce questionnaires ask respondents to report their total household income the year preceding questionnaire completion (calendar year 2019 for Wave 1 and 2020 for Wave 2). Questionnaires ask respondents to report income as an exact dollar amount. Since income may be difficult to remember or report, if respondents do not know or refuse to provide this information, the questionnaires then ask them to describe income by pre-defined approximate ranges, such as less than \$15,000, \$15,001 to \$22,500, and so on.

These same questionnaires have additional questions about respondents' current financial situation, such as recent food insecurity, and receipt of government assistance for low-income individuals. Understanding the financial impact of the COVID-19 pandemic on providers and workforce members and their ability to get help is a critical purpose of the COVID-19 Follow-up, so these questions are essential to achieving the study objectives.

Last, the home-based provider questionnaire may raise additional concerns about disclosure, such as individuals without full work permission in the U.S., or providing ECE services without full compliance with licensing or other requirements. The questionnaire, therefore, very intentionally avoids any reference to such issues as visa status or licensing status. We view it as essential in gaining cooperation and respondents' trust to be able to assure them that no questions will be asked on these potentially sensitive topics. Visa status and licensing status are not germane to the research questions for the study.

### **A12. Burden**

#### *Explanation of Burden Estimates*

Each of the three instruments is expected to average 20 minutes administration time. The administration time will be quite a bit less for respondents who are not participating in early care and activities during the survey focal periods of the last week of October, 2020, the last week of March, 2021, and the week of September 12-18, 2021. These rates of prevalence are not possible to know or accurately estimate at this time, given the volatility of the current economic and pandemic situation, but we have used the following assumptions: 20 percent of home-based providers completing the COVID Follow-up interview will not be providing ECE during the focal weeks of each wave; 25 percent of center-based providers will not be providing ECE; and 33 percent of center-based workforce members will not be providing ECE during the focal weeks of each wave.

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<sup>2</sup> 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.

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*Estimated Annualized Burden and Cost to Respondents*

Exhibit A3. Estimated Annualized Burden and Cost to Respondents

Instrument	Number of Respondents	Number of Responses per Respondent	Average Burden Hours per Response	Estimated Total/ Annual Burden Hours	Average Hourly Wage Rate	Total/ Annual Respondent Cost
Home-based Provider Interview, Waves 1 and 2 -- In ECE during focal week	2,700	1.5	0.35	1,418	\$12.27	\$17,393
Home-based Provider Interview, Waves 1 and 2 -- Not in ECE during focal week	675	1.5	0.25	252	\$12.27	\$3,092
Center-based Provider Interview, Waves 1 and 2 either spring or fall ; in ECE during focal week	4,388	1.5	0.37	2,435	\$25.81	\$62,849
Center-based Provider Interview, Waves 1 and 2 either spring or fall; not in ECE during focal week	1,463	1.5	0.222	483	\$25.81	\$12,466
Center-based Provider Fall 2021 Funding Receipt Supplement <sup>3</sup> (Wave 2)	1255	1	.2	251	\$25.81	\$6,481
Center-based Provider Interview Wave 2 Fall; Providers completing Wave 2 Spring interview also	1136	1	.29	329	\$25.81	\$8,502
(Center-based) Workforce Interview – Waves 1 and 2; In ECE during Focal Week	2,367	1.5	0.375	1,331	\$12.27	\$16,337
(Center-based) Workforce Interview – Waves 1 and 2; Not in ECE during Focal Week	1,166	1.5	0.2385	418	\$12.27	\$5,129
<b>Estimated Total Annual Burden Hours</b>				<b>6,917</b>		<b>\$132,290</b>

NOTE: The above average hourly wage information includes estimates from the Bureau of Labor Statistics. The median hourly wage for 11-9031 Education Administrators, Preschool and Child Care Center/Program is \$25.81.<sup>4</sup> The median hourly wage for home-based providers or workforce members is \$12.27.<sup>5</sup>

<sup>3</sup> Center-based Provider Funding Receipt Supplement is one section of the Wave 2 Center-based Provider Questionnaire.

<sup>4</sup> <https://www.bls.gov/oes/current/oes119031.htm>

<sup>5</sup> <https://www.bls.gov/oes/current/oes399011.htm>

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**A13. Costs**

Honoraria is provided directly to individual participants, as previously approved, as compensation for their time participating in the survey.

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**Exhibit A4. Proposed Honoraria Models for 2019 NSECE COVID-19 Follow-up**

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Sample	Post-paid Honorarium Value**	Estimated COVID-19 Follow-up Questionnaire Completion Time (hours)	Estimated 2020 Wages
Center-based provider	\$10	0.33	Median: \$25.81/hour
Home-based provider	\$10	0.33	\$12.27/hour
(Center-based) Workforce	\$10	0.33	Median: \$12.27/hour

Note: Estimated wages from BLS as indicated for Exhibit 3.

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

Exhibit A5. Estimated Costs for Proposed Data Collection

Cost Category	Estimated Costs
Instrument Development and OMB Clearance	\$162,260
Field Work	\$5,211,009
Analysis	\$1,294,691
Publications/Dissemination	\$407,789
<b>Total costs over the request period</b>	<b>\$7,075,749</b>

**A15. Reasons for changes in burden**

This nonsubstantive change request involves (1) changes to Wave 2 sampling of center-based providers, who will be split into a spring data collection and a fall data collection, and (2) minor changes to the Wave 2 center-based, center-based workforce and home-based provider questionnaires to collect information about enrollments both in spring 2021 and fall 2021. No changes are proposed to the sampling approach for the Home-based Provider and Workforce surveys, but we will now field these surveys in the fall of 2021 (rather than spring 2021). The delayed timeframe makes it more likely that providers and workforce members will have had opportunity to apply for and/or receive federal pandemic assistance during summer 2021.

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Splitting the center-based data collection into two partial collections results in an increase in burden of 580 hours in order to ensure statistically valid national estimates. The added hours are due to the need 1) to have a small set of centers providing data in both spring and fall 2021 to ensure representativeness (329 additional burden hours), and 2) administration of a funding receipt supplement in fall 2021 to collect that information for centers who complete the spring 2021 data collection (251 additional burden hours).

**A16. Timeline**

**Pending OMB approval, ACF proposes the following updated project timeline:**

Questionnaire design	July 2020 – September 2020
Wave 1 data collection	November 1, 2020 – January 31, 2021
Wave 1 data processing/analysis	February – May, 2021
Wave 2 data collection	April 1, 2021 – June 30, 2021; September 27, 2021 – March 31, 2022
Initial findings release Wave 1	April-July 2021
Wave 2 data processing/analysis	April– August, 2022
Initial findings release Wave 2	June-September, 2022
Data files available for public use	February 2023

**A17. Exceptions**

No exceptions are necessary for this information collection.

**Attachments**

- Instrument 1: NSECE COVID-19 Follow-up Center-based Provider Questionnaire
- Instrument 2: NSECE COVID-19 Follow-up Home-based Provider Questionnaire
- Instrument 3: NSECE COVID-19 Follow-up Workforce Questionnaire
- Appendix A: NSECE COVID-19 Follow-up Study Research Questions
- Appendix B: Center-based Provider COVID-19 Follow-up Survey Contact Materials
- Appendix C: Home-based Provider COVID-19 Follow-up Survey Contact Materials
- Appendix D: Workforce COVID-19 Follow-up Survey Contact Materials
- Appendix E: Certificate of Confidentiality