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

Mother and Infant Home Visiting Program Evaluation (MIHOPE): Kindergarten Follow-Up (MIHOPE-K)

OMB Information Collection Request
0970 - 0402

Supporting Statement
Part A

November 2021

Submitted By:
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Administration for Children and Families
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Part A

Executive Summary

- **Type of Request:** This Information Collection Request is for an extension without change. We are requesting two years of approval.

- **Progress to Date:** OMB has approved data collection packages for three earlier phases of MIHOPE (OMB Control Number 0970-0402):
    - On July 12, 2012, OMB approved the data collection package for Phase 1 (MIHOPE 1), which covered the collection of data at baseline, when 4,229 families were enrolled into the study.
    - On June 26, 2013, OMB approved the data collection package for Phase 2 (MIHOPE 2), which covered the collection of follow-up data when the children in the study were 15 months old. The sample fielded for this follow-up included 4,218 families (see Figure B.1 in Supporting Statement B).
    - On August 6, 2015, OMB approved the data collection package for MIHOPE Check-in to collect updated contact information and follow-up data on children and parents when the children in the study are 2½, 3½, and 4½ years old. The sample fielded for this follow-up included 4,115 families (see Figure B.1 in Supporting Statement B). Data collection was completed when children were 2 ½ and 3 ½ years old. We did not move forward with data collection at 4 ½ years of age as we instead initiated a kindergarten data collection.
    - On November 28, 2018, OMB approved the data collection package for the kindergarten follow-up (MIHOPE-K), which covered the collection of follow-up data when the children in the study were in kindergarten. The sample available to be fielded at the start of the kindergarten follow-up was 4,115 families (see Figure B.1 in Supporting Statement B) and we have completed kindergarten data collection with the first two sets of MIHOPE families. This current request is to extend the current expiration date to allow completion of data collection.

- **Timeline:** The current expiration date for this information collection is November 30,2021. While we are not requesting changes, approval as soon as possible would help to prevent confusion over the expiration date as we update it monthly while this request is under review.

- **Previous Terms of Clearance:** There were no terms of clearance for the previous approval of this data collection.

- **Description of Request:** This request is for a two-year extension of the currently approved MIHOPE-K information collection (OMB #0970-0402).

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A1. Necessity for Collection

The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) seeks approval to continue to conduct a long-term follow-up of the families participating in the Mother and Infant Home Visiting Program Evaluation (MIHOPE). The MIHOPE study enrolled eligible mothers in 2012 (see B2: *Target Population* for eligibility criteria) and has followed up with the recruited sample when the MIHOPE child was 15 months, 2.5 years old, and 3.5 years old. The ongoing long-term follow-up study is following up with families while the MIHOPE child is in kindergarten. Completing this information collection, which began prior to and was delayed by the COVID-19 pandemic, is necessary for understanding the effectiveness of the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) in its first few years of operation and for helping states and practitioners develop and strengthen home visiting programs in the future (see Supporting Statement B.1 *Objectives*).

The legislation that authorized MIECHV indicated that home visiting programs are expected to improve school readiness. The MIHOPE kindergarten follow-up (MIHOPE-K) draws on direct assessments of children, structured interviews with mothers, video-recorded parent-child interactions, direct assessments of mothers, surveys of children's teachers, and administrative data collected at the age when children are transitioning to formal schooling. Finishing this data collection is necessary for the information already collected to have utility in understanding the efficacy of home visiting programs in improving school readiness.

There are no legal or administrative requirements that necessitate the collection. ACF and the HHS Health Resources and Services Administration (HRSA) are undertaking the collection at the discretion of the agencies. ACF has contracted with MDRC and their subcontractors, Mathematica Policy Research and Columbia University, to complete this work.

A2. Purpose

Purpose and Use

The purpose of this ongoing data collection activity is to help us understand the long-term effects of home visiting and the pathways through which home visiting affects families' long-term outcomes. This OMB package focuses on the data collection to continue to follow-up with the original MIHOPE sample when the children are of kindergarten age. The goals of the MIHOPE study are:

(1) to understand the effects of home visiting programs on parent and child outcomes, both overall and for key subgroups of families,
(2) to understand how home visiting programs were implemented and how implementation varied across programs, and
(3) to understand which features of local home visiting programs are associated with larger or smaller program impacts.

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The information collected is meant to contribute to the body of knowledge on ACF programs and about families served by ACF programs, and to help ACF, HRSA, and the home visiting field better understand the long-term effects of evidence-based home visiting and the pathways through which home visiting affects those outcomes. This information can inform future implementation of home visiting programs, technical assistance efforts to support and strengthen home visiting programs, and future research efforts. 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 four research questions MIHOPE-K is trying to answer are:

1. What are the long-term effects of home visiting overall for the MIHOPE sample?
2. Are the long-term effects of home visiting larger for some families than for others?
3. How do the benefits of home visiting compare to its costs?
4. What are the pathways through which home visiting affects families' long-term outcomes?

Study Design

Families who were recruited into MIHOPE were randomly assigned either to a MIECHV-funded local home visiting program or to a control group that could use other services available in the community. MIHOPE-K is following up with families in the original MIHOPE sample when the children are of kindergarten age. Data collection activities are designed to measure children's cognitive, behavioral, self-regulatory, and social-emotional skills before formal schooling begins or at the outset of formal schooling to provide important data on intermediate effects of home visiting. Information is collected through structured interviews with caregivers, direct assessments of children, surveys of focal children's teachers, direct assessments of caregivers, state child welfare records requests, school records requests, and video-taped caregiver-child interactions selected to measure key areas that will provide important data on intermediate effects of home visiting. For additional information about study design and limitations, see Supporting Statement B.1 *Appropriateness of Study Design and Methods for Planned Uses*.

MIHOPE-K includes the following ongoing data collection activities:

Data Collection Activity	*Instruments*	*Respondent, Content, Purpose of Collection*	*Mode and Duration*
Survey of caregivers	Instrument 1: MIHOPE-K Survey of caregivers	**Respondents**: The sample includes the primary caregivers of the focal children in the MIHOPE-K sample. **Content**: Information on participating families is collected through a structured interview with the focal child's primary caregiver. The caregiver interview provides information on several domains, including child health, child development and school performance, relationships and father involvement, maternal health and well-	**Mode**: Virtual **Duration**: 0.99 hours

		being, parenting practices, family economic self-sufficiency, intimate partner violence, child maltreatment, and the caregiver's adverse childhood experiences.	
Virtual visit	Instrument 2: MIHOPE-K Direct assessments of children	**Respondents**: The sample includes the focal children in the MIHOPE-K sample. **Content**: Direct child assessments such as Hearts & Flowers and the Woodcock Johnson IV Picture Vocabulary subtest are administered to assess the child's receptive language skills, early numeracy, working memory, inhibitory control, and cognitive flexibility. Assessors also observe and rate parental warmth and the child's emotions, attention, and behavior.	**Mode**: Virtual **Duration**: 1.33 hours
Virtual visit	Instrument 4: MIHOPE-K Direct assessments of caregivers	**Respondents**: The sample includes the primary caregivers of the focal children in the MIHOPE-K sample. **Content**: Direct caregiver assessments (i.e. the Digit Span) are administered to assess maternal self-regulation.	**Mode**: Virtual **Duration**: 0.17 hours
Virtual visit	Instrument 5: MIHOPE-K Videotaped caregiver-child interactions	**Respondents**: The sample includes the primary caregivers of the focal children in the MIHOPE-K sample along with the focal children in the sample. **Content**: Observations of caregiver-child interactions are conducted using a videotaped interaction. Children's behaviors towards the caregiver are gathered in the context of caregiver-child interaction, including engagement with the caregiver and negativity toward the caregiver. Caregivers' parenting behaviors, including supportiveness and respect for child's autonomy, are also assessed, as well as features of the caregiver-child dyad (e.g., affective mutuality).	**Mode**: Virtual **Duration**: 0.25 hours
Survey of the focal children's teachers	Instrument 3: MIHOPE-K Survey of the focal children's teachers	**Respondents**: The sample includes the teachers of the focal children in the MIHOPE-K sample. **Content**: Information from participating children's teachers is collected through a survey. The teacher survey provides information on the children's behavior, such as learning	**Mode**: Virtual **Duration**: 0.5 hours

		behaviors, which are best observed in a classroom setting.	
Caregiver website	Instrument 6: MIHOPE-K Caregiver website	**Respondents**: The sample includes the primary caregivers of the focal children in the MIHOPE-K sample. **Content**: The caregiver website relays information about the study to participating caregivers, provides caregivers with an opportunity to update their contact information, and allows caregivers to provide consent for the study to contact their child's teacher.	**Mode**: Virtual **Duration**: 0.17 hours
State child welfare records: data file submission	Instrument 7: MIHOPE-K Child Welfare records request	**Respondents**: The sample includes 11 states. **Content**: The state child welfare records requests relays information about whether the focal child had any involvement with child welfare services.	**Mode**: Virtual **Duration**: 15 hours
School records: data file submission	Instrument 8: MIHOPE-K School records request	**Respondents**: The sample includes 11 states and 5 local education agencies. **Content**: The school records requests relays information about child development and school performance.	**Mode**: Virtual **Duration**: 22.5 hours

Other Data Sources and Uses of Information

This information collection builds on data collected for previous phases of MIHOPE (see A1). Additional administrative data will continue to be collected directly from the agencies that hold the data, in its existing format, placing no extra burden on agencies. Specifically, we plan to continue to collect, Medicaid and National Dataset of New Hires data. We also plan to pursue the acquisition of National Death Index records and Social Security Administration data. The MIHOPE consent form allows the study to collect administrative data until the end of the study. If the study continues past the point at which children turn 18 years old, we will need to obtain the children's consent when they are 18 years old in order to continue to collect administrative data about them.

A3. Use of Information Technology to Reduce Burden

This study uses information technology, when possible, to minimize respondent burden and to collect data efficiently. For **the structured interview with caregivers**, respondents have the option to call a survey center and complete it using computer-assisted telephone interviewing (CATI). CATI reduces respondent burden by using skip logic to quickly move to the next appropriate question depending upon a respondent's previous answer. For the **teacher survey**, respondents are first offered an opportunity to complete the survey via the Web. This reduces respondent burden by using skip logic to ensure that only appropriate questions are asked of the respondent. It also saves project resources and may increase

response rates by allowing respondents to complete it at a time of their choosing. Participants receive information about how to complete the survey online shortly before they are eligible to complete the survey. Teachers who do not complete the survey online have the option to complete the survey via CATI or by paper and pencil. The **caregiver-child interaction task** is video-recorded via Webex, a video conferencing platform, which allows for coding of the interaction to be done at a later date by trained coders. The use of electronic recording ensures that the field staff are more focused on proper administration of the task than on other tasks (such as coding), thus preventing the tasks from being delayed or prolonged and minimizing the chances of needing to re-do the tasks due to administration error, which reduces respondent burden. In the in-person version of data collection, direct assessments of children and caregivers are conducted using applications on tablets. The use of these applications similarly prevents the field staff from focusing on other tasks instead of the task at-hand, therefore preventing the tasks from being delayed or prolonged and minimizing the chances of needing to re-do the assessments, which reduces respondent burden. In the virtual version of the caregiver-child interaction task, direct assessments of children, and direct assessments of caregivers, we will use Webex to connect with families, to administer assessments, and guide families through the "visit." The study team will provide a laptop or tablet for families to use for the visit. The website allows respondents to update their contact information easily, efficiently, and at a time most convenient for them.

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

This research does not duplicate any other data collection design work being conducted. The purpose of the MIHOPE-K data collection is to better understand the long-term impacts of home visiting programs on child and family outcomes. We are not aware of any data collection efforts that have conducted long-term follow-up with home visiting participants with a sample of this scale.

A5. Impact on Small Businesses

No small businesses are involved with this information collection.

A6. Consequences of Less Frequent Collection

This is a one-time data collection.

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

A8. Consultation

Federal Register Notice and Comments

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), ACF published a notice in the Federal Register announcing the agency's intention to request an OMB review of this information collection activity. This notice was published on September 24, 2021, Volume 86, Number

183, page 53061, and provided a sixty-day period for public comment. During the notice and comment period, one substantive comment was received, which is attached as Appendix H. The commenter made the following recommendations. ACF responses are included with each recommendation.

- **Recommendation:** The direct assessments of children and caregivers should be prioritized.
    - **ACF Response:** We agree that these elements are an important piece of the overall data collection. We will continue to engage in the activities described in Supporting Statement B to ensure successful data collection of the direct assessments with children and caregivers.
- **Recommendation:** Consider providing a more substantial honorarium/incentive to caregivers for completing the direct assessments and caregiver survey.
    - **ACF Response:** We structured our honorarium and tokens of appreciation to acknowledge the time, effort and professional expertise caregivers provide when assisting with these data collection activities. We have used these amounts in earlier rounds of data collection and feel that they have been successful. We appreciate the suggestion and greatly appreciate the time and effort by caregivers in this important data collection. We hope caregivers will benefit in the future from what is learned.
- **Recommendation:** The survey of focal children's teachers seems burdensome for the teacher. In addition. The teacher survey results may be more indicative of that preschool/school/childcare's quality, culture, and structure than it is about the actual child behavior. For example, questions E1 and E2 depend very much on the school, as shown by previous evidence, about rates of detention and expulsion across the country. Therefore, we think the utility of this proposed measure will depend on how it is used in the analysis. We don't think it will be an accurate measure of child outcomes. It could be an accurate measure of the child's preschool experience to be used more as a moderator or mediator. Due to the concerns/thoughts above, we think this measure should be a lower priority compared to the direct assessments and caregiver survey.
    - **ACF Response:** Thank you for this feedback. Although we feel that the survey has and will continue to provide the intended information to contribute as desired to MIHOPE-K, we will make sure to consider this as we analyze the data. If, through data analysis, we identify limitations such as those described above, we will clearly note these in any resulting materials (ex. Publications, presentations).

Consultation with Experts Outside of the Study

The following experts have provided guidance on the kindergarten follow-up:

- Mark Appelbaum (University of California San Diego)
- Elizabeth Doggett (Libby Doggett Consulting)
- Anne Duggan (Johns Hopkins University)
- Greg Duncan (University of California Irvine)
- Beth Green (Portland State University)
- Mark Greenberg (Pennsylvania State University)
- Rob Grunewald (Federal Reserve Bank of Minneapolis)
- Brenda Jones Harden (University of Maryland)

- Todd Little (Texas Tech University)
- Cynthia Minkovitz (Johns Hopkins University)
- Jelena Obradovic (Stanford University)
- Glenn Roisman (University of Minnesota)

A9. Tokens of Appreciation

The following text describes the tokens of appreciation that have been approved and are currently in use; this request for an extension does not propose any changes.

Tokens of appreciation for caregivers

As discussed in Supporting Statement B, MIHOPE-K collects longitudinal data from young, low-income mothers. Combined with other administrative efforts intended to communicate the study's relevance and salience to participants, tokens of appreciation are an important means for improving participant engagement throughout the study; securing an adequate response rate to answer research questions; and reducing differential attrition of program and control groups and specific subgroups of interest. Based on MIHOPE data collection from the 2.5 year check in, we have concrete concerns about differential nonresponse for specific subgroups of interest highlighted in Appendix F.

Token of appreciation amounts

OMB approved the following tokens of appreciation for the multipart MIHOPE-K data collection:

- $25 for completing an approximately 60-minute caregiver interview;
- $50 and a small book or toy for the child for completing in-home activities estimated to take up to 100 minutes;
- Two branded study reminders, intended to maintain the study's salience for participants: a small gift, such as a lunch sack such as a book of sticky notes with the study's name and toll-free number, sent halfway between the kindergarten study and a potential third grade follow up. These items are fully branded to show the MIHOPE logo, color scheme, and design, to be consistent with the study's overall outreach and communication effort.

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

Personally Identifiable Information

The collection requests the names and contact information of participants. This information will be used to contact caregivers and deliver equipment participants need to participate in the data collection. The child and caregiver assessments will be audio-recorded so the study team can confirm consistent administration of the assessments and review for quality assurance. The caregiver-child interactions will be videotaped so the coding of the interaction can be done at a later date by trained coders (see Supporting Statement A.3: *Use of Information Technology to Reduce Burden*). Only the minimum necessary direct identifiers will be shared with various state and federal agencies to be used for

matching sample members to administrative data sources. All data will be transferred in a secure manner.

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 is kept private to the extent permitted by law. Respondents are 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.

When participants are contacted about their continued presence in the study, they are reminded of the study goals, time required, and the nature of questions that will be asked. Participants are assured that their responses will be shared only with researchers, will be reported only in the aggregate as part of statistical analyses, and will not affect their receipt of services. Participants are informed of the measures the study team takes to protect their information, including secure computers and data storage systems, the Certificate of Confidentiality obtained by the study, staff training to protect privacy, and staff signing of a contractor confidentiality pledge. They are also told that all data collection activities are voluntary, and they can refuse to answer any and all questions without penalty.

Due to the sensitive nature of this research (see A.11 for more information), the evaluation has obtained a Certificate of Confidentiality (see Appendix E_MIHOPE-K_Certificate of Confidentiality). The Certificate of Confidentiality helps to assure participants that their information will be kept private to the fullest extent permitted by law. The MDRC IRB, the IRB of record for this information collection, has approved this information collection and the most recent IRB approval letter is attached (see Appendix D_MIHOPE-K_IRB Approval letter).

The study team is committed to protecting the privacy of participants and maintaining the privacy of the data that are entrusted to us and is experienced in implementing stringent security procedures. Every MDRC and Mathematica employee, including field staff employed for data collection, is required to sign a pledge to assure participants of nondisclosure of private information. Field staff are also trained in maintaining respondent privacy and data security.

Data Security and Monitoring

MDRC uses Federal Information Processing Standard compliant encryption (Security Requirements for Cryptographic Module, as amended) to protect all instances of sensitive information during storage and transmission. MDRC securely generates and manages encryption keys to prevent unauthorized decryption of information, in accordance with the Federal Processing Standard. MDRC has ensured that this standard is incorporated into the MDRC's property management/control system and established 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 is secured in accordance with the most current National Institute of Standards and Technology (NIST) requirements and other applicable Federal and Departmental regulations. In addition, MDRC minimizes the inclusion of sensitive information on paper records and for the protection of any paper records, field notes, or

other documents that contain sensitive or personally identifiable information that ensures secure storage and limits on access.

Mathematica's Sample Management System (SMS), which has been used for all previous rounds of MIHOPE data collection and for MIHOPE-K data collection thus far, continues to be the central clearinghouse for all contact information on MIHOPE families. Documents shipped from the field and the document transmittal form that accompanies them contains only identification numbers so that data cannot be attributed to any particular individual. Webex, which uses end-to-end encryption, will be used during the virtual visit to keep families' information secure. Security is maintained on the complete set (and any deliverable backups) of all master survey/interview files and documentation, including sample information, tracking information, baseline, and follow-up data. Personally identifiable information is removed from study files, which contain a linking identification number that can be used to match records from one data file to another. Finally, data is available only to staff associated with the project through password protection and encryption keys.

All project data remain stored on MDRC's secure network. When data are shared with other entities, data are only transferred as necessary and are transferred using secure and encrypted channels. MDRC utilizes formal incident response mechanisms and procedures to respond to data security incidents in a manner that protects both the potentially compromised information and the individuals affected. After the network or data security incident is reported, the incident will be reported to the COR within one hour of discovery and will be immediately escalated to all members of the MDRC's Incident Response Team, consisting of MDRC's Chief Data Security Officer, Senior Vice President, Chief Information Officer, and General Counsel. The team will quickly evaluate the incident and determine whether there was a data breach and will decide on the necessity of further action on the part of MDRC. MDRC requires all subcontractors to establish incident response mechanisms and procedures that are not less restrictive or comprehensive than what is described above.

Upon completion of the project analyses, direct identifiers will be removed from the data and data will be further masked to prevent reidentification. These masked data will be archived as restricted access files along with other MIHOPE data at the Inter-University Consortium for Political and Social Research. All users requesting access to these restricted access files must sign an agreement that requires users to protect any sample member's information from deductive disclosure risk, abide by strict data security requirements, avoid inadvertent disclosure of private persons by agreeing to minimum cell size requirements in publications, and not be staff associated with programs participating in MIHOPE.

A11. Sensitive Information [1]

Questions in some components of the MIHOPE-K structured interview with caregivers are potentially sensitive for respondents. Parents are asked about personal topics, such as child and parental health, maternal depression, income, and intimate partner violence. To improve understanding of how home

[1] 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.

visiting programs affect families and children, it is necessary to ask these types of sensitive questions. For example, maternal depression is a major risk factor for reduced family well-being and child development and an outcome that MIECHV-funded home visiting programs are encouraged to try to address. Similarly, there are MIECHV performance measures related to intimate partner violence, which has been shown to influence parenting distress, maternal behaviors such as substance use and engaging in unprotected sex, and child stress and externalizing behavior, all of which can have a negative impact on the family and child outcomes MIHOPE is examining.

This information is not available from other data sources. Respondents have been asked similar information at baseline and at the 15-month, 2.5-year, and 3.5-year follow-ups, so they are familiar with the types of questions that are asked.

To reduce respondents' potential discomfort about potentially sensitive questions, the MIHOPE-K structured interview with caregivers reminds participants that they may refuse to answer any question without penalty. Also, respondents are informed by research staff prior to the start of the interviews or surveys that their answers will be kept private to the extent permitted by law, that results will only be reported in the aggregate, and that their responses will not affect any services or benefits they or their family members receive.

Sample members consented to the collection of data from government agencies when they entered the study. Sample members also consented to the collection of the child's school records and contact with the child's teacher prior to conducting the kindergarten follow-up activities. In the consent forms, participants are reminded that their information will be kept private and secure and are provided with information on how they can withdraw their consent at any time.

In order to collect data from local, state, and federal agencies, sample members were asked for their Social Security Numbers at study entry. During the MIHOPE-K structured interview with caregivers, sample members are only asked for their Social Security Number if it is not already on file or if the structured interview is being conducted with a new caregiver. The study team only uses Social Security Numbers to match the sample to administrative data sources when the agencies require the use of Social Security Numbers to perform the match. Social Security Numbers are required for matching the sample to the National Directory of New Hires database which is used to measure employment and income. A random unique identifier created for the purpose of this study is otherwise used to identify sample members.

A12. Burden

Explanation of Burden Estimates

The remaining burden for ongoing data collection activities is 5,964 hours. To date, the study team has collected data from the first two cohorts of participants in the sample, leaving 1,391 total respondents remaining out of an initial sample for this kindergarten follow-up of 4,115 (see Supporting Statement B2: *Target Population*). For collecting data from families, an hourly wage of $13.28 was assumed for mothers, which is the median wage for full-time workers 25 years old or older with less than a high school diploma.[2] For collecting data from teachers, an hourly wage of $26.68 was assumed, which is the median wage for full-time kindergarten teachers.[3] For collecting data from states and local education

[2] https://www.bls.gov/news.release/pdf/wkyeng.pdf

[3] https://www.bls.gov/ooh/education-training-and-library/mobile/kindergarten-and-elementary-school-teachers.htm

agencies, an hourly wage of $39.87, which is the median for Computer and Information Analysts.[4] We are following up with 11 state child welfare agencies out of 12 states from which we recruited the MIHOPE sample because the California state IRB did not approve collection of child welfare records. See supporting Statement B.3, *Design of Data Collection Instruments*, for information on the pretests conducted to inform the design of and burden estimates for the MIHOPE-K study.

Estimated Annualized Burden and Cost to Respondents

Instrument	No. of Respondents (total over request period)	No. of Responses per Respondent (total over request period)	Avg. Burden per Response (in hours)	Total Burden (in hours)	Annual Burden (in hours)	Average Hourly Wage Rate	Total Annual Respondent Cost
Survey of caregivers	1,391	1	0.99	1,377	689	$13.28	$9,149.92
Direct assessments of children	1,391	1	1.33	1,850	925	$13.28	$12,284.00
Survey of the focal children's teachers	1,391	1	0.5	696	348	$26.68	$9,284.64
Direct assessments of caregivers	1,391	1	0.17	236	118	$13.28	$1,567.04
Videotaped caregiver-child interactions	2,782	1	0.25	696	348	$13.28	$4,621.44
Caregiver website	348	1	0.17	59	30	$13.28	$398.40
State child welfare records: data file submission	11	2	15	330	165	$39.87	$6,578.55
School records: data file submission	16	2	22.5	720	360	$39.87	$14,353.20
Total				5964	2983	$172.82	$58,237.19

A13. Costs

[4] https://www.bls.gov/oes/current/naics4_999300.htm#15-0000

As previously approved, we will continue to offer focal children's teachers a $10 honoraria for providing their professional services and completing the survey, which has been designed to take 30 minutes or less. This is in line with the average hourly wage of a kindergarten teacher, which is about $26.68.[5]

Respondent	Data collection instrument	Estimated time to complete	Honorarium	Hourly Wage Rate
Kindergarten teachers	Survey of the focal children's teachers	0.5 hours	$10	$26.68

A14. Estimated Annualized Costs to the Federal Government

Cost Category	Estimated Costs
Field Work	$6,200,000
Analysis	$920,000
Publications/Dissemination	$690,000
Total costs over the request period	$ 7,810,000
Annual costs	$ 3,905,000

A15. Reasons for changes in burden

This is an extension to an approved information collection (OMB #0970-0402). There are no changes to burden estimates, but the total remaining has been annualized over two years to reflect this request for two years of approval. All materials have also been updated to reflect current templates and naming conventions used by the ACF Office of Planning, Research, and Evaluation.

A16. Timeline

Data collection began for this kindergarten follow-up (MIHOPE-K) during the fall of 2018 and was planned to continue across the four academic years the MIHOPE-K sample attends kindergarten (2018 – 2019, 2019 – 2020, 2020 – 2021, and 2021 – 2022). The MIHOPE-K project was forced to delay the planned data collection with MIHOPE families with children in the 2020-2021 academic year due to the COVID-19 pandemic and associated public health emergencies.

The collection of the next round of information will begin in January 2022. We expect that data collected directly from families and teachers will last through mid-2022, and administrative data acquisition will continue through 2023.

The publication of a report that includes the findings from this data collection is to occur around two and a half years following the conclusion of direct data collection and approximately one year after the conclusion of administrative data acquisition.

[5] https://www.bls.gov/ooh/education-training-and-library/mobile/kindergarten-and-elementary-school-teachers.htm

Data collected will be deposited in a restricted-access environment through the Inter-university Consortium for Political and Social Research (ICPSR) approximately two and a half years following the conclusion of data collection.

A17. Exceptions

No exceptions are necessary for this information collection.

Attachments

Instrument 1_MIHOPE-K Survey of caregivers
Instrument 2_MIHOPE-K Direct assessments of children
Instrument 3_MIHOPE-K Survey of the focal children's teachers
Instrument 4_MIHOPE-K Direct assessments of caregivers
Instrument 5_MIHOPE-K Videotaped caregiver-child interaction
Instrument 6_MIHOPE-K Caregiver website
Instrument 7_MIHOPE-K Child welfare records request
Instrument 8_MIHOPE-K School records request
Appendix A_MIHOPE-K Caregiver contact materials
Appendix B_MIHOPE-K Teacher contact materials
Appendix C_MIHOPE-K Newsletter shell
Appendix D_MIHOPE-K MDRC IRB Approval
Appendix E_MIHOPE-K Certificate of Confidentiality
Appendix F_MIHOPE-K Maximizing response rates
Appendix G_MIHOPE-K Power calculations
Appendix H_MIHOPE-K FRN Comment