Supporting Statement – Part A

for

OMB Control Number 0584-NEW

Family Day Care Home (FDCH) Participation Study

May 2022

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## Part A. Justification

### A.1 Circumstances That Make the Collection of Information Necessary

**Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

The Child and Adult Care Food Program (CACFP), administered by the Food and Nutrition Service (FNS), plays a critical role in supporting the health and wellness of children by reimbursing childcare providers for nutritious meals served to eligible children in their care. Since its inception, the program has grown from a pilot program serving 23,000 children in 1969 to serving 4.6 million children in 2021.[[1]](#footnote-1) Family day care homes (FDCHs) became eligible to participate in CACFP in 1975 and from 1980 to 1996, the number of FDCHs in CACFP increased exponentially. However, in the last 20 years, the number of FDCHs in CACFP has decreased by 46 percent, while the number of centers in CACFP has almost doubled.[[2]](#footnote-2) This is concerning because FDCHs serve a distinct role in the demanding childcare market.

A previous FNS study found that only about 5 percent of FDCH sponsors ask FDCH providers why they leave the CACFP.[[3]](#footnote-3) Therefore, the current study will ask the FDCH providers directly about the challenges they face participating in CACFP and their reasons for leaving the program. This study will also collect recommendations for improving the program and reducing barriers to FDCH providers participating in CACFP. FDCH providers currently participating in the CACFP, as well as those who left the program, will be included in this study.

Section 28(a) of the Richard B. Russell National School Lunch Act (Appendix A1) authorizes the U.S. Department of Agriculture (USDA) Secretary to conduct performance assessments of CACFP. Under Section 28(c), entities participating in CACFP shall cooperate in the conduct of evaluations and studies.

### A.2 Purpose and Use of the Information

**Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate how the agency has actually used the information received from the current collection.**

This is a new information collection request. This study will survey a national sample of FDCH providers formerly participating in CACFP and a national sample of FDCH providers currently participating in CACFP. All information will be collected once. This information collection is voluntary.

The primary aims of the study are to identify the challenges or barriers to FDCH participation in the CACFP, gather provider recommendations to address them, and understand reasons for leaving the program. This study will help the USDA to address the significant decline in FDCH provider participation in the CACFP. Findings from this study will be used by FNS to inform possible statutory changes to the program, and to offer training and technical assistance to FDCH providers and their sponsors, where needed. The findings will be publicly shared in the form of data tables, manuscripts, briefs, and briefings.

The specific study objectives of FDCH participation study are:

1. Identify and describe the reasons why FDCH providers discontinue their participation in CACFP;
2. Determine and describe CACFP program statutory and regulatory requirements, operational and financial considerations, and Federal, State, and local specifics frequently cited as burdensome by stakeholders. Classify challenges as Federal, State, and local and describe in detail; and
3. Gather and summarize recommendations from FDCH providers on how to reduce barriers or challenges to CACFP participation.

To address the study objectives, we will sample two groups of CACFP FDCH providers—those currently participating in CACFP (referred to as *current participants* throughout) and those that left the program between 2019 and 2022 (referred to as *former participants* throughout). The sample frame will be created using two lists of providers participating in CACFP—one from 2019 and one from 2022. Both lists were collected from a census of the 50 States and the District of Columbia (OMB# 0584-0613; expiration date: 05/31/2024). Those FDCH providers included *only* *on the 2019* list will be the frame of former participants. Those that are *on the 2022* list will form the frame of current participants. Our sampling plan (described in Supporting Statement Part B, Section B.1) will provide national-level estimates for each of the current and former participant groups.

We will employ a multimode survey data collection strategy in which we first invite 5,264 sampled providers from 597 sponsors to complete the Provider Experience Survey (Appendix B19a and B19b) via the web (Appendix B21a and B21b). We will follow up with nonrespondents by mailing a paper version of the survey, and then by attempting to administer the survey by telephone (Appendix B14a and B14b). The specific information to be collected through the survey, and from whom, is presented below in Exhibit A-2.

Exhibit A- . Provider experience survey

|  |  |  |
| --- | --- | --- |
| Research questions and data elements | Current | Former |
| Objective 1. Identify and describe the reasons FDCHs discontinue their participation in CACFP |
| * 1. How many FDCH providers left CACFP but are still operating a FDCH?
	2. How frequently do FDCHs cease to operate as licensed homes?
	3. How many FDCH providers are no longer operating?
	4. How frequently do FDCHs reclassify as centers and why?
	5. What are the main reasons providers no longer participate in CACFP?
	6. How do reasons vary by provider characteristics?
	7. When did providers leave CACFP/ stop operating in general? Before, during, after COVID
	8. What are the reasons for no longer operating a licensed home or a FDCH in general?
 |  | ✓ |
| * 1. What are the characteristics of the providers?
	2. Provider location (State and urbanicity)
	3. Years in operation as FDCH provider
	4. Years in CACFP
	5. Number of children
	6. Ages of children
	7. Primary language of the provider
	8. Number of staff working in FDCH
	9. Days of the week FDCH is open
	10. Meals and snacks served and reimbursed
 | ✓ | ✓ |
| * 1. Have current participants ever discontinued and subsequently renewed participation? If so,
	2. When did they leave/return? (Before, during, after COVID)
	3. Why did they leave/return?
 | ✓ |  |
| Objective 2. Determine and describe CACFP program statutory and regulatory requirements, operational and financial considerations, and Federal, State, and local specifics considered as burdensome by stakeholders |
| 2.1 Which CACFP statutory and regulatory requirements, operational and financial considerations, and Federal, State, and local specifics are considered or cited as burdensome? Including:1. CACFP enrollment process
2. Ongoing recordkeeping
3. In-person monitoring
4. Meal pattern requirements
5. Meal planning
6. CACFP reimbursement rates
7. Licensing requirements
8. Serious deficiency (SD) processes
9. National disqualified list (NDL)
 | ✓ | ✓ |
| Objective 3. Summarize FDCHs recommendations on how to reduce barriers or challenges to participation |
| * 1. What improvements could be made to policies to reduce barriers or challenges to participation within current Federal regulations?
	2. What feasible program flexibilities and supports (including technical assistance (TA)) would help retain FDCHs in CACFP?
	3. What are the reported benefits to CACFP participation?
1. Satisfaction with training and TA
	1. How can FNS expand understanding of the CACFP among providers?

3.5 How can States expand understanding of the CACFP among providers? | ✓ | ✓ |
| * 1. What are the reasons that providers continue to participate in CACFP?
	2. How much does public perception of CACFP affect the decision of FDCHs to continue participation in the program?
 | ✓ |  |

#### Recruitment and Data Collection

Successful recruitment of current and former CACFP providers will help maximize response rates, ensure the analytic integrity of the study, and generate unbiased, reliable estimates. After FDCH provider sampling is complete (see Supporting Statement Part B, Section B.1 for more detail), FNS will notify Regional Offices (ROs) of the study (Appendix B1), who in turn, will notify State CACFP Directors of the study (Appendix B2). The email from ROs to States will introduce the study to the State Directors and alert them that the study team will be contacting them with the next steps on the study.

The study team will send an email to the States (Appendix B3), requesting their assistance in notifying all FDCH sponsors of the providers sampled for the study. The email will also ask for their support with encouraging providers to complete the survey, using the attached template letter/email (Appendix B4). The email will also include the study brochure (Appendix B15a and B15b).

An introductory email will be sent to the FDCH sponsors associated with the sampled providers (Appendix B5) providing them details about the study and requesting their assistance with notifying and encouraging providers to complete the survey. The email will also include the study brochure with FAQs (Appendix B15), template for study notification to providers (Appendix B6a and B6b), and letters of support from the USDA (Appendix B16a) and CACFP organizations (Appendix B17a).

Beginning in February 2023 (following Office of Management and Budget [OMB] approval), the study team will send a study introductory packet by email and Federal Express to sampled providers. The packet will include: a $5 pre-incentive, a letter with a link to access the online Provider Experience Survey (Appendix B7a and B7b) hosted on the study website (Appendix B18a and B18b), the study brochure (Appendix B15a and B15b), and letters of endorsement from the USDA (Appendix B16a and B16b) and CACFP organizations (Appendix B17a and B17b). Two weeks after the study invitation, the study team will send the first reminder to all sampled providers (Appendix B8a and B8b), urging them to complete the survey at their earliest convenience. Three weeks after the invitation mailing, the study team will send a second reminder to nonresponding providers (Appendix B9a and B9b). In addition, the study team will email sponsors and request that they encourage their nonresponding providers to complete the survey, using the attached template (Appendices B10, B11a and B11b). This email will include a link to download the list of nonresponding providers and a unique PIN, with a request to review and update the contact information and CACFP participation status for these providers. Following the second survey reminder, the study team will send a second study invitation with a paper survey to the nonresponding providers (Appendix B12a and B12b) and then follow-up with the third and final reminder (Appendix B13a and B13b), after which nonresponding providers will be contacted by telephone for telephone completion of the survey (Appendix B14a and B14b). Finally, after receipt of completed surveys, the study team will mail a thank you letter to providers (Appendix B20a and B20b). Data collection will conclude by June 2023.

### A.3 Use of Information Technology and Burden Reduction

**Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology (e.g., permitting electronic submission of responses), and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.**

FNS is committed to complying with the E-Government Act of 2002 to promote the use of technology. The use of technology has been incorporated into the data collection to reduce respondent burden. Providers will first be given the option to complete the survey online. Nonrespondents will be given the option of completing a paper survey. The final attempt will include the use of a computer-assisted telephone interview (CATI) system. Use of a web survey and CATI reduces respondent burden by automating the survey skip patterns, customizing the wording, completing response code validity checks, and applying editing checks. Based on the number of estimated recruitment emails, telephone calls, and CATI and web survey completions found in the burden table (Appendix J), we estimate that out of the total of 70,541 responses for this study, 55,919 responses (79 percent) will be collected electronically.

### A.4 Efforts to Identify Duplication

**Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Question 2.**

There is no similar information collection. Every effort has been made to avoid duplication of data collection efforts.

As described in Section A.2, this study will be the first to collect data from former CACFP FDCH providers in order to examine reasons FDCH providers leave the CACFP. FNS has reviewed USDA reporting requirements, State administrative data and reporting requirements, and special studies by other government and private agencies. FNS solely administers and monitors the CACFP.

### A.5 Impacts on Small Businesses or Other Small Entities

**If the collection of information impacts small businesses or other small entities (Item 5 of OMB Form 83-I), describe any methods used to minimize burden.**

This information collection has been held to the minimum required for the intended use. FNS estimates that 5,273 FDCH providers (100%) and 179 sponsors (30%) are small businesses, representing 92% of all respondents in the collection. The burden for sponsors will be kept to a minimum by initially notifying them of the study but only following up with sponsors whose providers are non-responsive to the web survey (an estimated 50 percent of the sponsors, based on the average number of FDCH providers that CACFP sponsors typically sponsor and the estimated number of providers who are non-responsive to the web survey). We will minimize the burden on providers by limiting the survey completion time to 20 minutes, providing flexibility in completing the web survey across multiple sittings, and administering the telephone survey at a time that is convenient to the providers, including before and after work hours and on the weekend.

### A.6 Consequences of Collecting Information Less Frequently

**Describe the consequence to Federal program or policy activities if the collection is not conducted, or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

Data for this study will be collected only once. This is the first study to survey both current and former CACFP-participating FDCH providers. Without this information, FNS will not be able to understand the reasons FDCH providers discontinue CACFP participation, the challenges faced by current FDCH providers, and the recommendations for improving the program for FDCH providers, which would inhibit the formulation and implementation of appropriate program policies, training, and technical assistance. There is no other study comparable to this study. This study will help the USDA to address the significant decline in FDCH provider participation in the CACFP.

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

**Explain any special circumstances that would cause an information collection to be conducted in a manner:**

* **Requiring respondents to report information to the agency more often than quarterly;**
* **Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**
* **Requiring respondents to submit more than an original and two copies of any document;**
* **Requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than 3 years;**
* **In connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**
* **Requiring the use of a statistical data classification that has not been reviewed and approved by OMB;**
* **That includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**
* **Requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information’s confidentiality to the extent permitted by law.**

There are no special circumstances. The collection of information is conducted in a manner consistent with the guidelines in 5 CFR 1320.5.

### A.8 Comments to the Federal Register Notice and Efforts for Consultation

**If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency’s notice, required by 5 CFR 1320.8 (d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**

**Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported. Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years, even if the collection of information activity is the same as in prior years. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.**

A notice was published in the *Federal Register* on December 27, 2021 (Volume 86, Number 246, pages 73724-73725). The public comment period ended on February 28, 2022. FNS received a total of 8 comments (Appendix C) and responses to the comments are included in Appendix D. Two comments were purely supportive and one had no suggestions germane to the study. One commenter asked for a draft of the survey instrument, which is included in the response.

Four commenters recommended potential study topics or research questions. Most of these recommendations were already part of the study plans. Therefore, no comments resulted in changes to the study. Specifically, commenters recommended asking about the burden of onsite monitoring visits and whether low meal reimbursements are a burden to CACFP participation, both of which are included in the survey. One commenter recommended provider incentives for participation in the study to compensate providers for their time. The current OMB package proposes a $40 post-incentive for completing the survey.

Two commenters recommended stratifying the results by urbanicity and Tier, which is part of the current analysis plan. Finally, one commenter provided a variety of thoughtful and detailed recommendations about potential questions to include in the survey, many of which are already included, including the length of time the provider has participated in CACFP, the race and ethnicity of the provider, the primary language of the provider, the timeline for meal reimbursements, sponsor guidance and support, meal and snack reimbursement rates, and reasons for closing their family child care home (if applicable).

Two commenters recommended conducting the survey in languages other than English and Spanish and collecting data from providers who have never participated in CACFP. Both of these are of interest to FNS but outside the scope of the current study.

#### Consultations Outside of the Agency

The information request has also been reviewed by Jeff Hunt with the USDA National Agricultural Statistics Service (NASS) with reference to the statistical procedures. Those comments are in Appendix E. The responses are in Appendix F and also incorporated appropriately throughout the OMB supporting statement.

Consultations about the study design, recruitment materials and procedures, and survey as well as data collection procedures and burden estimates began during the study design phase and will continue throughout the study. The following individuals outside the agency served as consultants (see Exhibit A-3). Based on the feedback provided, FNS revised, deleted, and added survey questions and response options, and included an open-ended question to obtain provided feedback on their experience with CACFP. The recruitment materials were also revised to refer to the CACFP primarily as the “Food Program.”

Exhibit A- . Consultations Outside of the Agency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title | Organization | Contact information | Consultation year(s) |
| Lorrene Ritchie, PhD | Director | Nutrition Policy Institute, University of California | lritchie@ucanr.edu | 2021-2024 |
| Paula James | Director | Child Health and Nutrition at Contra Costa Child Care Council | pjamesconsulting@gmail.com | 2021-2024 |
| Chris Logan, PhD | Senior Evaluation Researcher | Logan Program Evaluation | logan.program.eval@gmail.com | 2021-2024 |

### A.9 Explanation of Payments and Gifts to Respondents

**Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.**

FNS is requesting incentives for all study participants. The use of incentives is part of a multidimensional approach to promoting study participation, improving sample representativeness and minimizing nonresponse bias. To address the primary research goals of the study, nationally representative samples of both current and former CACFP FDCH providers are needed. However, there are two unique challenges with recruiting these populations. First, former CACFP participants will be less likely to respond to a study asking about ways to improve the CACFP. They likely have little allegiance to a program they left and have no CACFP sponsor to encourage their participation. Second, response rates for FDCH providers are typically lower than those of childcare center providers,[[4]](#footnote-4),[[5]](#footnote-5) and this is the first FNS study to recruit FDCH providers since the pandemic. Childcare providers are particularly stretched due to the pandemic and may be even less likely to respond to a survey.[[6]](#footnote-6),[[7]](#footnote-7) Therefore, the proposed incentives are designed to reach these hard-to-reach populations and increase sample representativeness and include a $5 pre-incentive (cash) and a $40 post-incentive. Exhibit A-4 provides a summary of calculations for the incentive amount.

Exhibit A- . Summary of Incentive Calculations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Respondent | Activity (Appendices) | Calculation | Estimated Cost | Value of proposed incentive |
| Current or Former CACFP provider | * Recruitment materials (Appendix B7a-B18b, and B20a and B20b)
* Survey (Appendix B19a and B19b)
 | * Average hourly wage for family child care provider: $32.96\*60 minutes (the maximum amount of recruitment activities, including reviewing the study website) + $32.96\*20 minutes to complete the survey = $43.95
* Average cost for cellphone and data usage: $0.10 standard rate per minute for pay-as-you-go phones \* 20 minutes to complete the survey and $0.10 \* 21 minutes to review the website = $4.10
 | $43.95 +$4.10 = $48.05 | $40 post-incentive |

The post-incentive will be given in the form of a Visa Gift Card, with the option for it to be delivered through the mail or electronically (Visa eGift Card), after the survey is received. Providing survey participants with a monetary incentive reduces nonresponse bias and improves survey representativeness, especially in populations defined as low income, such as those in this study.[[8]](#footnote-8),[[9]](#footnote-9),[[10]](#footnote-10),[[11]](#footnote-11),[[12]](#footnote-12) Specifically, incentives can improve sample representativeness and reduce nonresponse bias[[13]](#footnote-13),[[14]](#footnote-14) by encouraging those less interested in research to participate,[[15]](#footnote-15) including low-income respondents.[[16]](#footnote-16) In 2019, 88 percent of FDCH providers in CACFP qualified as a Tier I home, meaning that the FDCH was located in a low-income area or the provider had a household income of less than or equal to 185 percent of the Federal poverty line.

In addition to the challenges noted above, the decision to offer incentives was motivated by the challenges experienced in two recently-completed FNS studies involving CACFP providers, the CACFP Sponsor and Provider Characteristics Study (OMB Control number 0584-0601, expired 4/30/2018) and the Study of Nutrition and Activity in Childcare Settings (OMB Number 0584-0615, expired 10/31/2019). The CACFP Sponsor and Provider Characteristics Study did not offer an incentive to FDCH providers. The resulting response rate was 50 percent. SNACS-I offered an incentive of $50 and the response rate for FDCH providers was 42 percent. Both of these studies were conducted pre-COVID-19 pandemic and included only providers participating in CACFP. Given the declining number of FDCH providers, long work hours (53.7 hours/week),[[17]](#footnote-17) and the potential lack of time and interest in completing a survey in the midst of the COVID-19 pandemic, it is likely that the response rate among FDCH providers may be even lower in the current study. Therefore, we plan to offer a $40 incentive as a way to achieve the targeted response rate and reduce nonresponse bias.

The current study also proposes a $5 pre-incentive. The effectiveness of prepaid incentives on boosting response rates is well documented in the literature.[[18]](#footnote-18) For example, a previous study reviewed incentive experiments in telephone surveys and found consistently significant effects for prepaid incentives of $1 to $5, with increases in response rate of 2.2 to 12.1 percentage points.[[19]](#footnote-19) A recent experiment conducted by FNS for the Supplemental Nutrition Assistance Program (SNAP) Barriers Study found that a $2 pre-incentive and $20 post-incentive increased the survey response rate among SNAP participants (a similar population to that of the current study) by 5.8 percentage points compared to receipt of a $20 post-incentive only.[[20]](#footnote-20)

### A.10 Assurance of Confidentiality

**Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.**

The study team complies with the Privacy Act of 1974. All respondents’ information will be kept private and not disclosed to anyone except the analysts conducting this research, except otherwise required by law. Section 9(6B-C) of the National School Lunch Act (42 U.S. Code § 1758) (Appendix A1) restricts the use or disclosure of any eligibility information to persons directly connected with the administration or enforcement of the program.

The study team will ensure the privacy and security of electronic data during the data collection and processing period following the terms of protections outlined in the system of record notice (SORN) titled FNS-8 USDA/FNS Studies and Reports (volume 56, pages 19078–19080).[[21]](#footnote-21)

The Privacy Officer for the USDA Food and Nutrition Officer, Michael Bjorkman, reviewed and approved the collection. He noted that the privacy protections are sufficient with the provided Privacy Act Statements as well as the information contained in the supporting statement. This information collection does not request any personally identifiable information under the Privacy Act of 1974. The individuals participating in this study will be assured that the information they provide will not be released in a form that identifies them. Study participants will also be informed that there is no penalty if they decide not to respond to the data collection as a whole or to any particular questions. In addition, all members of the study team will sign a confidentiality and nondisclosure agreement (Appendix G).

No identifying information will be attached to any reports or data supplied to the USDA or any other researchers. Names and telephone numbers will not be linked to participants’ responses; survey respondents will have a unique ID number; and analyses will be conducted on datasets that include only these ID numbers. All data will be securely transmitted to the study team, and it will be stored in locked file cabinets or password-protected computers and accessible only to study team staff. Names and telephone numbers of respondents will be destroyed within 12 months after the end of the data collection period.

Westat’s Institutional Review Board (IRB) serves as the organization’s administrative body, and all research involving interactions or interventions with human subjects is within its purview. The IRB approval letter is in Appendix H.

### A.11 Justification for Questions of a Sensitive Nature

**Provide additional justification for any questions of a sensitive nature, such as sexual behavior or attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

The survey will specify that participation in the survey is voluntary and respondents may decline any questions they do not wish to answer without penalty. The recruitment materials will also explain that data will be aggregated for analyses and names will not be linked to any responses, released to any individual or organization, or included in any reports. While the questions in the survey are generally not of a sensitive nature, the survey includes a question about the respondents’ race and ethnicity. This question is necessary to assess barriers to CACFP participation by race, which is a research question of interest for both FNS and its stakeholders (see Public Comment 8). Similar questions have been included in other FNS studies with no risk to the participants (e.g., the Access, Participation, Eligibility, and Certification Study III; OMB #0584-0530, expired 05/31/2025). The Privacy Officer for the USDA Food and Nutrition Officer, Michael Bjorkman, reviewed and approved the collection. He noted that the privacy protections are sufficient with the provided Privacy Act Statements as well as the information contained in the supporting statement. This information collection does not request any personally identifiable information under the Privacy Act of 1974. The individuals participating in this study will be assured that the information they provide will not be released in a form that identifies them.

### A.12 Estimates of the Hour Burden

**Provide estimates of the hour burden of the collection of information. Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated.**

***12A.*** *Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB Form 83-I.*

This is a new collection. The study includes a total of 5,921 respondents (4,748 respondents and 1,173 nonrespondents), 70,541 responses, and 4,623 burden hours (including 4,264.5 for respondents and 358 for nonrespondents). The average number of annual responses for respondents and nonrespondents is 13.10 and 15.61, respectively. The estimated burden for this information collection, including the number of respondents, frequency of response, average time to respond, and annual hour burden, is provided in Appendix J. These estimates reflect consultations with program officials, outside consultants, affected stakeholders, and prior experience in collecting similar data.

***12B.*** *Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories.*

The estimate of respondent and nonrespondent cost is based on the burden estimates and utilizes the U.S. Department of Labor, Bureau of Labor Statistics, May 2021 National Occupational and Wage Statistics ([https://www.bls.gov/oes/current/oes\_nat.htm#00-0000](https://www.bls.gov/oes/current/oes_nat.htm%2300-0000)). Average hourly wages include Child Nutrition State Director - (Administrative Services Managers) - $53.34, CACFP Sponsor (Education and Childcare Administrators, all other) - $45.54, and Family Child Care Provider (Education and Childcare Administrators, Preschool and Daycare)-$25.87. The estimated cost of respondent and nonrespondent burden is $119,986.17. An additional 33% of the estimated base annual respondent and nonrespondent cost must be added to represent fully loaded wages, equaling $44,501.29. Thus the total annual respondent and nonrespondent cost is $179,353.67, including fringe benefit costs.

### A.13 Estimates of Other Annual Cost Burden

**Provide estimates of the total annual cost burden to respondents or record keepers, resulting from the collection of information (do not include the cost of any hour burden shown in questions 12 and 14). The cost estimates should be split into two components: (a) a total capital and start-up cost component annualized over its expected useful life; and (b) a total operation and maintenance and purchase of services component.**

There are no capital/start-up or ongoing operation/maintenance costs associated with this information collection.

### A.14 Estimates of Annualized Cost to the Federal Government

**Provide estimates of annualized cost to the Federal Government. Provide a description of the method used to estimate cost and any other expense that would not have been incurred without this collection of information.**

The total cost to the Federal government is $1,852,323.57, or an average of $617,441.19 annually for three years. The largest cost to the Federal government is for the contractor to conduct the study and deliver the data files and reports, a cost of $1,776,209.00 over a period of three years, or $592,069.67 annually. An additional 1,100 hours of Federal employee time are assumed across the three years of the contract (1,000 hours for a GS-13, Step 1 program analyst at $51.18 per hour and 100 hours for a GS-14, Step 1 branch chief at $60.49 per hour for supervisory oversight): $51,180.00 + $6,049.00 = $57,229.00 (estimated base cost to the Federal Government). Salary information was obtained from the 2022-DCB. U.S. Office of Personnel Management Salary Table (<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/DCB_h.pdf>.) An additional 33 percent of the estimated base cost ($18,885.57) has been included to represent fully loaded wages, equaling $76,114.57 of total Federal employee costs over the course of the contract, and $25,371.52 annually.

### A.15 Explanation of Program Changes or Adjustments

**Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB Form 83-1.**

This submission is for a new information collection request as a result of program changes. This collection will add 4,623 burden hours and 70,541 responses to OMB’s inventory.

### A.16 Plans for Tabulation and Publication

**For collections of information whose results are planned to be published, outline plans for tabulation and publication.**

Survey data collection will begin immediately following OMB approval so that data collection can be completed before the start of summer 2023 (See Exhibit A-5). The completion date is set based on patterns of childcare; some providers may not offer care during the summer, or offer reduced hours, due to reduced childcare demand when children are not in school.

Exhibit A- . Data Collection Schedule

|  |  |
| --- | --- |
| Activity | Schedule |
| Survey Data collection | February to June 2023 (or beginning two weeks after OMB approval) |
| Analysis and reporting | August 2023 to June 2024 (or beginning seven months after OMB approval) |
| Data files and documentation | October 2023 to June 2024 (or beginning nine months after OMB approval) |
| Data dissemination (including a study report, research brief, and journal article) | April 2024 to August 2024 (following 15 months after OMB approval) |

We will develop weights and conduct weighted analyses to produce nationally representative estimates of current and former CACFP family day care home providers . Findings will be organized by the three study objectives and will be largely descriptive in nature. For all bivariate comparisons, we will use two-tailed t-tests and display results at the 0.05 or 0.01 levels of significance. If sample size and data patterns permit, multivariate modeling will be used to examine the factors associated with CACFP discontinuation. The study report and research brief will be available to the public on the FNS research website and will include appendices with detailed data tables and sampling and analysis methodology. The findings will also be submitted as a manuscript to a journal for consideration and publication.

### A.17 Displaying the OMB Approval Expiration Date

**If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

The expiration date for OMB approval of the information collection will be displayed on all recruitment materials and survey instruments.

### A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

**Explain each exception to the certification statement identified in Item 19 of the OMB 83-I “Certification for Paperwork Reduction Act.”**

There are no exceptions to the certification statement.

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