

Home-Based Child Care Toolkit for Nurturing School-Age Children Study (New Collection)

OMB Information Collection Request
0970 – 0625

Supporting Statement Part A

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

Part A

Executive Summary

- **Type of Request:** This Information Collection Request is for a new collection. We are requesting one year of approval.
- **Description of Request:** The purpose of this study is to collect information to examine a toolkit of new measures designed to assess and strengthen the quality of child care, the Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit). This study aims to build psychometric evidence about the English version of the provider questionnaire in the HBCC-NSAC Toolkit for use with providers caring for children in a residential setting (i.e., home-based child care [HBCC]). Data collected in the study are not intended to be generalized to a broader population. We do not intend for this information to be used as the principal basis for public policy decisions.
- **Time Sensitivity:** The contract for this project ends in September 2024. To ensure enough time to complete study activities, we request approval by March 2024.

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A1. Necessity for Collection

This information collection is part of the Home-Based Child Care Supply and Quality (HBCCSQ) project, a study funded by the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services to fill gaps in the understanding of home-based child care (HBCC) supply and address challenges defining and measuring quality in HBCC settings. ACF has contracted with Mathematica and the Erikson Institute for this data collection.

The HBCCSQ project's literature review and measures review found that existing measures used in HBCC settings are often based on or designed to parallel measures of center-based child care and early education (CCEE). Existing measures primarily focus on children served before they reach school age even though over half of home-based providers are estimated to care for school-age children. Many unlisted home-based providers (who in many cases are unlicensed, and often family, friends, and neighbors) care for one to two school-age children. In addition, few measures were developed to account for features that may be more likely to take place in or to be implemented differently in HBCC settings, such as children's racial and ethnic socialization, cross-age peer interactions, and nontraditional-hours care.¹ These features that are missing from existing measures may meet the CCEE needs of families who use HBCC and might support positive outcomes for these children and families.

The Home-Based Child Care Toolkit for Nurturing School-Age Children (HBCC-NSAC Toolkit) was developed to address the gaps in existing measures used in HBCC settings. The study team seeks approval to conduct the Home-Based Child Care Toolkit for Nurturing School-Age Children Study. The current approval builds upon the pilot study (completed under ACF's generic clearance 0970 - 0355; approved March 2023), which provided findings used to further refine the HBCC-NSAC Toolkit instruments and improve procedures for the subsequent validation study. This validation study is necessary to build reliability and validity evidence for the HBCC-NSAC Toolkit provider questionnaire.

There are no legal or administrative requirements that necessitate this collection. ACF is undertaking the collection at the discretion of the agency.

A2. Purpose

¹ Bromer, Juliet, Toni Porter, Chris Jones, Marina Ragonese-Barnes, and Jaimie Orland. "Quality in Home-Based Child Care: A Review of Selected Literature." OPRE Report # 2021-136. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021a.

Doran, Elizabeth, Ann Li, Sally Atkins-Burnett, Jasmine Forde, Jaimie Orland, Marina Ragonese-Barnes, Nathan Mix, Natalie Reid, and Ashley Kopack Klein (2022). Quality in Home-Based Child Care: Summary of Existing Measures and Indicators. OPRE Report #2022-27. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Doran, Elizabeth, Ann Li, Sally Atkins-Burnett, Jasmine Forde, Jaimie Orland, Marina Ragonese-Barnes, Nathan Mix, Natalie Reid, and Ashley Kopack Klein. "Compendium of Measures and Indicators of Home-Based Child Care Quality." OPRE Report #2022-28. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2022.

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Purpose and Use

The purpose of this information collection is to examine the reliability and validity evidence of the English version of the HBCC-NSAC Toolkit provider questionnaire, composed of a series of new measures designed to assess and strengthen the quality of HBCC. The resulting data will help the agency to understand if the HBCC-NSAC Toolkit provider questionnaire can support home-based providers to identify and reflect on their caregiving strengths and areas for growth. The agency intends to make the HBCC-NSAC Toolkit provider questionnaire available to the public for professional development use and research purposes. It also intends to report on findings from the study and the HBCC-NSAC Toolkit provider questionnaire. Findings will assist the field in understanding how the HBCC-NSAC Toolkit addresses gaps in existing measurement.

The HBCC-NSAC Toolkit is intended for home-based providers who regularly care for at least one school-age child (age 5 and in kindergarten, or ages 6 through 12), meaning they care for the school-age child(ren) at least 10 hours per week and at least 8 weeks in the year. These providers may also care for younger children (ages birth through 5 and not yet in kindergarten). The HBCC-NSAC Toolkit is appropriate for both licensed, regulated family child care (FCC) providers and family, friend, and neighbor (FFN) providers who are legally exempt from state licensing or other state regulations for child care. The primary purpose of the HBCC-NSAC Toolkit is to help home-based providers who regularly care for at least one school-age child identify their caregiving strengths and areas of growth. It consists of a self-administered provider questionnaire (composed of multiple newly developed measures) and a family communication questionnaire (composed of one communication tool). The provider questionnaire focuses on practices that may be more likely to take place in or be implemented differently in HBCC settings, such as racial and ethnic socialization, interactions among children of different ages, and interactions among children of similar ages.

The HBCC-NSAC Toolkit pilot study (conducted in March-August 2023) tested the English and Spanish versions of the provider and family questionnaires with 127 providers (90 English-speaking and 37 Spanish-speaking) and 71 families (58 English-speaking and 13 Spanish-speaking). As a result, the study team made improvements to the HBCC-NSAC Toolkit instruments and administration methods in preparation for this validation study. For this study's validation purposes, Instrument 5 consists of the provider questionnaire from the HBCC-NSAC Toolkit with additional items from an existing measure and Instrument 6 consists of a family survey with child and family background information items and additional items from an existing measure. A subset of providers will be observed with an existing observation measure (Appendix D). The development of these instruments, including use of existing measures, are described in Supporting Statement B Section B3.

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.

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Guiding Questions

The study will address the following guiding questions:

1. How internally consistent are the items in the HBCC-NSAC Toolkit provider questionnaire, overall and for providers with different characteristics (for example, FCC and FFN, urban and rural, racial and ethnic groups)?
 - Are the items related to one another in expected ways?
 - Do the reliability estimates of the proposed scales (domains and dimensions) in the provider questionnaire meet psychometric standards?
 - Are there differences in how the items perform among providers with different characteristics (for example, FCC and FFN, urban and rural, racial and ethnic groups)?
2. Do the items in the HBCC-NSAC Toolkit provider questionnaire have the same meaning for groups of providers with different characteristics (for example, FCC and FFN, urban and rural, racial and ethnic groups)?
3. How well does the factor structure align with the item responses in the HBCC-NSAC Toolkit provider questionnaire domains and dimensions?
4. How do the domains and dimensions in the HBCC-NSAC Toolkit provider questionnaire relate to other existing measures of home-based provider quality?
5. How do the domains and dimensions in the HBCC-NSAC Toolkit provider questionnaire relate to characteristics of the HBCC setting (for example, group size or age range of children in the HBCC)?

Study Design

The validation study will include a purposive sample of 150 home-based providers and families of school-age children from at least 10 states in different regions of the United States. The study team will collect data through surveys (web, paper, and phone-based) in all study sites and in-person setting observations in a subset of study sites.

Table A.1 describes the data collection instruments/sources of information in the request.

Table A.1. HBCC-NSAC validation study instruments

Data Collection Activity	Respondents, content, and purpose of collection	Mode, duration, and language
Instrument 1. Community organization onboarding call	<p>Respondents: Staff at community organizations that provide supports (for example, training, technical assistance, or mentoring) to home-based providers</p> <p>Content: Liaisons will describe the study activities and ask questions about the organization such as the types of providers organizations work with. Liaisons will also describe steps for community organizations to refer providers to the study team.</p> <p>Purpose: To introduce the study activities, determine if organizations work with potentially eligible providers, designate a site coordinator, and give instructions to refer providers to the study team.</p>	<p>Mode: Phone</p> <p>Duration: 60 minutes</p> <p>Language: English</p>

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<p>Instrument 2. Provider telephone script and recruitment information collection non-observation</p>	<p>Respondents: Home-based providers in study sites not selected for observations of their child care home</p> <p>Content: Recruiters will describe the study activities to potential participants and ask about their characteristics, for example, race/ethnicity, whether providers have a license to provide child care and language(s) spoken.</p> <p>Purpose: To introduce the study activities to potential participants and learn about their characteristics to determine eligibility for participation.</p>	<p>Mode: Phone</p> <p>Duration: 20 minutes</p> <p>Language: English</p>
<p>Instrument 3. Provider telephone script and recruitment information collection including observations</p>	<p>Respondents: Home-based providers in study sites selected for observations of their child care home</p> <p>Content: Recruiters will describe the study activities to potential participants and ask about their characteristics, for example, race/ethnicity, whether providers have a license to provide child care, language(s) spoken, and days and times they care for children.</p> <p>Purpose: To introduce the study activities to potential participants and learn about their characteristics to determine eligibility for participation.</p>	<p>Mode: Phone</p> <p>Duration: 25 minutes</p> <p>Language: English</p>
<p>Instrument 4. Observation scheduling call</p>	<p>Respondents: Home-based providers in study sites selected for observations of their child care home</p> <p>Content: Recruiters will remind providers about the purpose and logistics for the observation and coordinate a date/time to conduct the observation visit.</p> <p>Purpose: To schedule the observation visit with providers and give information about observations.</p>	<p>Mode: Phone</p> <p>Duration: 10 minutes</p> <p>Language: English</p>
<p>Instrument 5. HBCC-NSAC Toolkit provider questionnaire</p>	<p>Respondents: Home-based providers who care for at least one school-age child (age 5 and in kindergarten, or ages 6 through 12), at least 10 hours per week and at least 8 weeks in the past year.</p> <p>Content: Information about the provider's HBCC setting:</p> <ul style="list-style-type: none"> • Number of total children in care on a regular basis • Age composition of children in setting (whether provider cares for younger than school age children, school-age children, or a mix) <p>Information about how providers support children in their care across the following domains:</p> <ul style="list-style-type: none"> • Support for social development • Support for emotional development • Positive and proactive behavior management • Support for learning • Support for health and physical development <p>Information about provider's multicultural teaching competencies.</p> <p>Information about the demographics of children the</p>	<p>Mode: Web, paper, or phone</p> <p>Duration: 50 minutes</p> <p>Language: English</p>

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	<p>provider cares for, the provider’s own background, and the provider’s setting.</p> <p>Purpose: To collect psychometric data relevant to guiding questions. Scales from an existing measure are included for validation purposes.</p>	
Instrument 6. Family survey	<p>Respondents: The parent or guardian of school-age children receiving care in an HBCC setting.</p> <p>Content: Demographic information about the children in HBCC care and information about families’ experience having their child(ren) cared for by the home-based provider from an existing measure.</p> <p>Purpose: To collect psychometric data relevant to guiding questions. Scales from an existing measure are asked for validation purposes against the provider questionnaire (instrument 5).</p>	<p>Mode: Web, paper, or phone</p> <p>Duration: 15 minutes</p> <p>Language: English</p>

Observations of the HBCC setting. The study team will use the Family Child Care Program Quality Assessment (FCC PQA; Appendix D), an observation measure to examine convergent validity of the provider questionnaire (Instrument 5).² The FCC PQA is designed to assess quality in FCC homes that is appropriate across various FCC size settings and age groups, including school age. The FCC PQA assesses the setting’s learning environment, adult-child interactions, daily routine, and safety considerations. The study team will conduct the observations in-person and each observation will take approximately 3 to 4 hours to complete. Providers will coordinate the observation visit with the study team (Instrument 4), but there is no burden to study participants during the observation visits.

Other Data Sources and Uses of Information

The study team intends to access publicly available data to select geographic locations including licensing requirements and QRIS participation. Within the selected geographic locations, the study team may obtain publicly available lists of home-based providers’ contact information (for example, state licensing lists). The study team will also use information from census data based on zip codes to designate providers’ urbanicity in order to monitor subgroup sizes by urbanicity and for analytic purposes. These are described further in Supporting Statement B. There is no burden associated to study participants with using such data.

A3. Use of Information Technology to Reduce Burden

The study team will use information technology, including web and phone-based data collection methods, to reduce the burden on respondents who agree to participate in the study. Providers can complete the provider questionnaire by paper, web, or telephone. Families can complete the family survey by paper, web, or telephone. The provider questionnaire and family survey will be programmed using a secure web survey platform, and the web-based instruments will be optimized so providers and families can respond on smartphones. Respondents may save their progress, allowing completion in more than one session if preferred. Online data collection enables efficient survey participation, as programming limits questions to relevant respondents and can notify respondents about potential data entry errors. For example, the provider questionnaire will be programmed to limit one response for

² HighScope Educational Research Foundation. *Family Child Care Program Quality Assessment (PQA) Administration Manual*. Ypsilanti, MI: HighScope Press, 2009.

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items with multiple response options. Web questionnaires also allow respondents to complete and submit data securely using unique, password-protected logins. Trained telephone interviewers will use the web provider questionnaire and family survey to administer the provider questionnaire and family survey to providers and families who prefer to submit their responses by phone.

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

None of the study instruments ask for information that can be obtained from alternative data sources. This HBCC-NSAC Toolkit provider questionnaire will collect a unique set of data because it was developed by the HBCCSQ project to address gaps in existing measures used in HBCC settings as identified through the project's measures review. It includes dimensions and items measuring aspects of providers' care for children not covered in any existing measures reviewed by the project. Since one of the main goals of this project is measurement development, existing administrative data sets are also not appropriate. The design of the study instruments has been informed by findings of the pilot study to ensure minimal duplication of data collected across instruments in an effort to minimize burden.

A5. Impact on Small Businesses

Small businesses will likely be affected since a portion of the providers will be licensed and registered as a business. It is unlikely that any of the providers who are exempt from state licensing or regulation will be registered as a business.

The data collection has been designed to allow respondents to complete most instruments at times that are convenient for them. For example, providers and family members can complete their questionnaires and surveys via computer or smartphone, and they will be programmed to allow completion in more than one session. If providers prefer to complete the provider questionnaire with a trained telephone interviewer, the study team will schedule the data collection during hours that are convenient for providers (e.g., when children nap during the day, in the evening, or if needed, on the weekend). Family members may call the study team at a time that works best for them to complete the family survey with a trained telephone interviewer.

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 (PRA) 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 October 2, 2023, Volume 88, Number 189, page 67759, and provided a sixty-day period for public comment. During the notice and comment period, 0 comments were received.

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Consultation with Experts Outside of the Study

As part of preparation for both the pilot study and the current proposed validation study, the study team consulted with academic experts and experts with lived experience providing HBCC to complement the knowledge and experience of the study team (Table A.2).

The academic experts included researchers with expertise in measurement design and methods, HBCC quality, and culturally responsive care. The other experts included individuals with lived experience providing home-based care to school-age children. Prior to the pilot study, the study team consulted with the experts listed below to review the draft provider and family surveys. The study team also consulted with the listed experts with lived experience providing HBCC on the pilot study's recruitment strategies, communication with participants, and changes to the provider and family questionnaires.

For the validation study, the study team consulted with the academic experts on existing measures to include in the study for validation purposes. The study team also consulted with the experts with lived experience providing HBCC on the validation study's recruitment strategies, planned communication with participants, and data collection strategies, and may consult with them on the study's preliminary analysis and interpretation of findings.

Table A.2. The HBCC-NSAC Toolkit consultation with outside experts

Name	Affiliation or role at time of consultation
Academic experts	
Stephanie Curenton	Boston University
Iheoma U. Iruka	Equity Research Action Coalition at FPG Child Development Institute
Susan O'Conner	National Center on Afterschool and Summer Enrichment
Julie C. Rusby	Oregon Research Institute
Susan Savage	The Child Care Resource Center
Eva Marie Shivers	Indigo Cultural Center
Experts with lived experience providing HBCC	
Decarla Burton	Family child care provider
Ruby Daniels	Family child care provider
Cynthia Burwell	Family, friend, and neighbor provider

Consultation with Trusted Partner Organizations

As part of the development of the provider questionnaire prior to the pilot study, the study team also consulted with community organizations that provide supports (for example, training, technical assistance, or mentoring) to home-based providers (Table A.3). Staff from the organizations reviewed the draft provider questionnaire and provided feedback.

Table A.3. The HBCC-NSAC Toolkit consultation with community organizations that provide supports to home-based providers

Community organization name
All Our Kin
Community Resources for Children
Illinois Action for Children

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Community organization name

Wisconsin Early Childhood Association

None of the consultation efforts included a request for the same information to more than nine individuals and therefore was not subject to the PRA.

A9. Tokens of Appreciation

Providing monetary tokens of appreciation for research participants is a commonly used method across studies to show appreciation to research participants as well as to facilitate recruitment and to meet sample size goals.³ To support a successful data collection, the study team will offer providers \$65 or \$70 (the larger amount for those in sites selected for observations who complete the longer recruitment call, Instrument 3). The team will offer families \$15, distributed as a physical \$5 gift card in the materials distributed to families (Appendix F) asking them to complete the survey and a \$10 gift card upon survey completion. Our proposal for the validation study is informed by the pilot study phase 2 data collection. Table A.4 compares the pilot study and validation study total burden placed on respondents and the corresponding tokens of appreciation offered. Tokens of appreciation reflect amounts that are consistent with those provided in recent studies with home-based providers.⁴

Given the family survey responses will be used to help validate the provider questionnaire, high response rates from families (at least one eligible family per provider) are essential to answer the study's research questions (see below and Supporting Statement Part B Section B7 for additional information about necessary sample sizes). The study team did not reach the desired response rates for the family questionnaire from provider's family respondents in the pilot study. In addition to other data collection improvements (see Supporting Statement Part B Section B4), the study team will offer a small pre-completion amount (\$5 gift card) to increase the likelihood of families completing their survey and of achieving the desired sample sizes prior to the end of the contract. Research has shown that offering a respondent a small token of appreciation with survey invitation materials (pre) and an additional token of appreciation after completing the survey (post) can be more effective in improving response rates compared to only offering a token of appreciation after completing the survey.⁵

³ Grady, Christine. "Payment of Clinical Research Subjects." *Journal of Clinical Investigation*, vol. 115, no. 7, 2005, pp. 1681-1687. <https://doi.org/10.1172/JCI25694>.

⁴ Bromer, Juliet, Toni Porter, Samantha Melvin, & Marina Ragonese-Barnes. "Findings from the Multi-State Study of Family Child Care Decline and Supply." Herr Research Center: Erikson Institute, 2021b. Available at https://www.erikson.edu/wp-content/uploads/2021/11/FCD_DeclineStudy_2021.pdf.

Early Head Start-Child Care Partnerships Sustainability Study (EHS-CCP Sustainability). Early Head Start-Child Care Partnerships Sustainability Study OMB Information Collection Request 0970 - 0471: Supporting Statement Part A. July 2021. Available at https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=202112-0970-012

⁵ Andrew Mercer, Andrew Caporaso, David Cantor, Reanne Townsend, How Much Gets You How Much? Monetary Incentives and Response Rates in Household Surveys, *Public Opinion Quarterly*, Volume 79, Issue 1, Spring 2015, Pages 105-129.

Singer, Eleanor and Ye, Conge, 2013. The Use and Effects of Incentives in Surveys. *The ANNALS of the American Academy of Political and Social Science*. Volume 645, Issue 1, January 2013, Pages 112-141.

S M. Albanese, A. Edwards, A. Weiss, K. Gonzalez, and G. Kirby. (2023). Supporting survey response through tokens of appreciation. White paper from the Assessing the Implementation and Cost of High-Quality Early Care and

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While the data will not be representative of, or generalizable to, any specific population of providers, it is important that the study team secure participation from providers from a range of diverse and under-resourced communities, including those with the most barriers to participation in the study, such as those with low incomes, living in rural areas, or who are license-exempt. Further, providers and families living in under-resourced communities may be hesitant to participate in a government-funded research study due to the inequitable ways that research and policy have often been conducted, particularly in communities of color.⁶ Monetary tokens of appreciation can increase response rates and reduce nonresponse bias,⁷ and could motivate respondents who are less likely to respond, such as those with increased barriers to participation (including financial barriers). The tokens of appreciation planned for providers and families are intended to respectfully acknowledge respondent's involvement, particularly those who may be otherwise hesitant to participate in government-funded research. If the study team is not able to reach the providers with the most barriers to participation, the study team may not have sufficient sample sizes to conduct the analyses needed to understand the reliability and validity of the provider questionnaire that is inclusive of such providers.

As noted in Supporting Statement Part B Section B7, analysis of study data requires the overall sample ($N \geq 150$) and subsamples of sufficient size ($N \geq 35$). Gaining cooperation from at least the target numbers of respondents (Supporting Statement Part B Table B.1) is needed to conduct the analyses of construct, convergent, and discriminant validity described in Section B7. In the study team's and other researchers' experiences, offering no or insufficient tokens of appreciation will necessitate over-recruitment by higher percentages (to obtain the necessary completion rates for analyses) and may result in longer recruiting time as well as higher overall project costs to the government. Longer recruiting times may result in delays to the project, which would be problematic as data collection must be completed prior to the end of the contract to ensure maximum utility of data to the government.

Tokens of appreciation are one piece of a broader plan to address response rates. The team is taking other steps to encourage participation, such as working with community organizations to recruit providers and working with providers to recruit families (see Supporting Statement Part B Section B2 and B4).

Education project. OPRE Research Report 2023-236. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

⁶ Brown, K. Steven, Kilolo Kijakazi, Charmaine Runes, and Margery Austin Turner. "Confronting Structural Racism in Research and Policy Analysis: Charting a Course for Policy Research Institutions." Washington, DC: Urban Institute, February 2019. Available at https://www.urban.org/sites/default/files/publication/99852/confronting_structural_racism_in_research_and_policy_analysis_0.pdf.

⁷ Singer, E., and Ye, C. (2013). The use and effects of incentives in surveys. *Annals of the American Academy of Political and Social Science*, 645(1): 112-141.

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Table A.4. Planned tokens of appreciation

Respondent	Activity	Burden	Pilot study ^a	Validation study	
			Approved token of appreciation ^a	Burden	Proposed token of appreciation ^a
Provider in sites not selected for observations	<ul style="list-style-type: none"> Instrument 2. Provider telephone script and recruitment information collection Instrument 5: HBCC-NSAC Toolkit provider questionnaire 	50 minutes	\$50	70 minutes	\$65
Provider in sites selected for observations	<ul style="list-style-type: none"> Instrument 3. Provider telephone script and recruitment information collection including observations Instrument 5: HBCC-NSAC Toolkit provider questionnaire 	N/A	N/A	75 minutes	\$70
Family member	<ul style="list-style-type: none"> Instrument 6: Family survey 	10 minutes	\$10	15 minutes	\$5 pre-pay, \$10 post-pay

^a The pilot study was completed under ACF's generic clearance 0970 – 0355.

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

Personally Identifiable Information

This data collection effort will collect personally identifiable information (PII) such as names, email and mailing addresses, and telephone numbers to obtain consent to participate in data collection activities and arrange data collection (including scheduling and sending invitations, study materials, reminders for the data collection activities, and delivering the token of appreciation). Staff from community organizations that provide supports to providers will be asked to use a secure website to share only provider names, contact information, and other characteristics used to select providers. It is expected that some of these staff will need to ask providers for permission to share their contact information with the study team, while others may already have permission to share provider contact information. Providers will be asked to confirm or provide their contact information and other characteristics over the phone to arrange data collection activities. They may also be asked to share the names and contact information for other home-based providers by phone to recruit more participants for the study.

The study team will ask providers to distribute the family survey and if completed on paper, collect it in a sealed envelope from one or more family members of a school-age child in their care. Providers will mail the trackable sealed envelopes to the study team at Mathematica. Some providers may prefer that the study team reach out to families they recommend for the study. In this scenario, providers will share recommended family names and their contact information (with families' permission) with the study team by phone or using a secure website.

Any PII collected by the study team, for example by phone or through a secure website, will be stored on a secure network drive at the study team's offices. Information will not be maintained in a paper or electronic system which data are actually or directly retrieved by an individuals' personal identifier.

Assurances of Privacy

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Information collected will be kept private to the extent permitted by law. Respondents will be informed (1) their responses will not be shared with others who participate in the study (including, for providers, their children's families and for families, their child care provider), (2) future reporting will not quote or attribute responses to specific people by name, (3) that their participation is voluntary, and (4) that their information will be kept private to the extent permitted by law. As specified in the contract, the study team will comply with all Federal and Departmental regulations for private information.

Respondents will complete a consent form (Appendix E) before completing the provider questionnaire (Instrument 5) or family survey (Instrument 6). The statement includes information so respondents can contact the study team with any questions or concerns. The statement also explains that the study team will not identify them or share any information that could identify them outside of the study.

In addition, the design of this study means that the team will collect data from people connected to each other, specifically, providers and family members of the children the provider cares for. Providers will be asked to distribute the family surveys to families of school-age children in their care. As described in Supporting Statement Part B Section B4, if families choose to complete the paper version of the survey, they can return the completed family survey to providers in a self-sealed envelope provided by the study team. Although providers will know which families participate in the study, they will not know how families responded to the survey if families complete the web-based survey (or complete with a telephone interviewer) or use the self-sealed envelope, and this will be explained clearly through an informed consent process.

All materials to be used with respondents as part of this information collection, including consent forms and instruments, were submitted to the study team's Institutional Review Board (IRB), Health Media Lab (HML), for approval. The study team plans to obtain a Certificate of Confidentiality, which helps to assure participants that their information will be kept private to the fullest extent permitted by law. The study team has applied for this Certificate.

Data Security and Monitoring

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

All electronic data will be stored on a secure network drive at the study team's offices; data will be backed up on the study team's secure servers for 60 days for disaster recovery purposes. Sixty days after the primary data files are securely deleted, the backed-up data will be automatically and securely overwritten, as required by the contract (i.e., "The study team shall dispose of the primary data and files created during the course of the study in accordance with specifications provided by ACF"). These plans are described in more detail in a data security plan, also required by the contract. Systems will be accessible only by staff working on the project through individual passwords and logins. For staff working remotely, access is granted through a secure, two-factor authentication VPN connection.

As specified in the contract, the study team will use Federal Information Processing Standard compliant encryption (Security Requirements for Cryptographic Module, as amended) to protect all instances of

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sensitive information during storage and transmission. The study team will securely generate and manage encryption keys to prevent unauthorized decryption of information, in accordance with the Federal Information Processing Standard. The study team will: ensure that this standard is incorporated into the study team'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 National Institute of Standards and Technology (NIST) requirements and other applicable Federal and Departmental regulations. In addition, the study team will submit a plan to ACF for minimizing to the extent possible 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 PII that ensures secure storage and limits on access.

No data with PII information will be given to anyone outside the study team. All PII, for example, provider contact information shared to the study team by community organization site coordinators, will be stored on restricted, encrypted folders on the study team's network, which is accessible only to the study team.

A11. Sensitive Information⁸

The provider questionnaire includes one question that may be perceived as sensitive that asks about the provider's receipt of subsidy for child care. This question is necessary to understand findings among providers who care for families with low incomes. The family survey includes questions that may be perceived as sensitive. It includes questions from an existing measure that ask the respondent about their perception of the home-based provider's quality of care with children and relationship with families. These questions are necessary for the validation study as responses will be used to help validate the provider questionnaire. The family survey consent form (Appendix E) states that respondents do not have to respond to any questions that make them uncomfortable, and that their participation in the family survey is voluntary. The home-based providers will not have access to the respondents' answers to the family survey as respondents will either complete the survey via the web, phone, or place their completed paper survey into a self-sealed envelope.

As described in Section A10, the data collection protocol and related materials, such as the consent forms and instruments, was reviewed by the study team's IRB in winter 2024. Data collection will not begin until IRB approval has been received.

A12. Burden

Explanation of Burden Estimates

Table A.5 provides an estimate of time burden for the data collection, broken down by instrument. For all instruments, the time estimates are based on pilot study experience and adjusted based on revisions to the instruments (for example, item drops) made after the pilot study and additional validation

⁸ 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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measure content. The estimated number of respondents is based on requirements for samples and subsamples to allow for appropriate analysis of study data. Specifically, analysis of study data requires the overall sample of providers (n = 150) and provider subsamples of sufficient size (n ≥ 35) (See Supporting Statement Part B Section B7).

Estimated Annualized Cost to Respondents

The study team based average hourly wage estimates for deriving total annual costs on data from the Bureau of Labor Statistics, including the Occupational Employment and Wage Statistics (2022). For each instrument included in Table A.5, the team calculated the total annual cost by multiplying the annual burden hours by the average hourly wage, as follows:

- The mean hourly wage of \$24.82 for other community and social service specialists (occupational code 21-1099) in May 2022 is used for community members from agencies. Data from which these wages were drawn are available at <https://www.bls.gov/oes/current/oes211099.htm>
- The mean hourly wage of \$14.22 for childcare workers (occupational code 39-9011) in May 2022 is used for home-based providers. Data from which these wages were drawn are available at <https://www.bls.gov/oes/current/oes399011.htm>.
- The median usual weekly earnings in the second quarter of 2023 for full-time wage and salary workers age 25 and older with a high school diploma is used for family members. Dividing weekly earnings (\$889) by 40 hours yields hourly wages of \$22.23. Data from which these wages were drawn are available at <https://www.bls.gov/news.release/pdf/wkyeng.pdf>.

Table A.5. Estimated annualized 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/ Annual Burden (in hours)	Average Hourly Wage Rate	Total Annual Respondent Cost
1. Community organization onboarding call	30	1	1	30	\$24.82	\$744.60
2. Provider telephone script and recruitment information collection, non-observation	250	1	.33	83	\$14.22	\$1,180.26
3. Provider telephone script and recruitment information collection including observations	250	1	.42	105	\$14.22	\$1,493.10
4. Observation scheduling call	100	1	.17	17	\$14.22	\$241.74
5. HBCC-NSAC Toolkit provider questionnaire	224	1	.83	186	\$14.22	\$2,644.92
6. Family survey	332	1	.25	83	\$22.23	\$1,845.09
Total				504		\$8,149.71

A13. Costs

All providers who agree to assist with family survey logistics by: distributing family survey packets, following up with families to make sure they have completed their surveys, and sending completed

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packets back to the study team will receive an honorarium in the form of a \$10 gift card in recognition of their efforts, which would be about an hour. In addition, providers who participate in the observation will receive an honorarium in the form of a \$10 gift card in recognition of their efforts to coordinate the observation visit, which includes scheduling it with the study team and informing the families, which is estimated to take an hour of their time.

The study team will also offer honoraria to community organizations that will contribute the expertise and time of their staff to the study. Based on the pilot study, the community organization roles are critical for recruiting home-based providers, especially FFN providers, to participate in the study within the study timeline. Learning about the study from an organization that providers turn to for support should increase providers' willingness to participate. Community organizations who name a staff member to the full site coordinator role will receive \$250 and those who name a staff member to the partial site coordinator role will receive \$100. Details about these roles are described in Supporting Statement Part B Section B2.

A14. Estimated Annualized Costs to the Federal Government

Table A.6 lists the estimated annualized costs to the federal government. Estimates are based on the study team's budget for each task and include labor hours, other direct costs, subcontractor and consultant costs, indirect costs, and fee. The direct collection of information (field work) will take place within a one-year period.

Table A.6. Estimated annualized costs to the federal government

Cost Category	Estimated Costs
Field Work	\$816,050
Analysis	\$129,225
Publications/Dissemination	\$335,965
Total costs over the requested period	\$1,281,240

A15. Reasons for changes in burden

The study team began recruitment calls (Instrument 2 and 3) on March 13, 2024 and in late April, the team began conducting the observation scheduling call (Instrument 4) with respondents who agreed to be observed.

The cooperation rates (the number of people who agree to participate out of the people who complete the call) for the recruitment (Instrument 2 and 3) and observation scheduling calls (Instrument 4) are lower than anticipated thus far. In addition, the study team began receiving completed HBCC-NSAC Toolkit provider questionnaires (Instrument 5) and family surveys (Instrument 6) in late March. The team has since identified a few cases of completed questionnaires with data quality concerns (for example, lack of variation in responses). To reach the analytic goals of the study (i.e., validate the HBCC-NSAC Toolkit provider questionnaire), the study team needs sufficient, high-quality data from the provider questionnaire (Instrument 5) and the family survey (Instrument 6).

Given the lower than anticipated cooperation rates, the study team will need to complete the recruitment and observation scheduling calls (Instruments 2-4) with more respondents to reach the desired number of participants recruited for the data collection. Additionally, given the data quality monitoring, the study team will need to allow more respondents (up to the number of estimated

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recruited respondents) to complete the provider questionnaire and family surveys (Instruments 5 and 6).

The study team requests increasing the estimated number of respondents.

A16. Timeline

Table A.7 contains the timeline for the recruitment, data collection, analysis, and reporting activities.

Table A.7. Study timeline

Activity	Start date
Recruitment	Upon OMB approval
Data collection	
HBCC-NSAC Toolkit provider questionnaire	Within two weeks of OMB approval
Family survey	One month after OMB approval
Observations	One month after OMB approval
Data processing and analyses	One month after OMB approval
Reporting	Two weeks after OMB approval

A17. Exceptions

No exceptions are necessary for this information collection.

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Attachments

Instrument 1. Community organization onboarding call

Instrument 2. Provider telephone script and recruitment information collection, non-observation

Instrument 3. Provider telephone script and recruitment information collection including observations

Instrument 4. Observation scheduling call

Instrument 5. HBCC-NSAC Toolkit provider questionnaire

Instrument 6. Family survey

Appendix A. Community organization outreach materials

Appendix B. Respondent outreach materials

Appendix C. Respondent reminders

Appendix D. Observation materials

Appendix E. Consent letters and forms

Appendix F. Family data collection instructions

Appendix G. Frequently asked questions

Appendix H. Respondent thank you letters