ACF Behavioral Interventions to Advance Self-Sufficiency Next Generation (BIAS-NG) Project

Generic Data Collection (OMB Number 0970-0502)

SUPPORTING STATEMENT PART A

August 2024

TYPE OF REQUEST: Revision

Submitted By:
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

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Contents

Executive Summary

- **Type of Request:** This request is to revise and extend approval of the Administration for Children and Families' (ACF) Behavioral Interventions to Advance Self-Sufficiency Next Generation (BIAS-NG) Project Overarching Generic (#0970-0502) for an additional three years and allow for collection of data in Child Care, a new program area. The current expiration date for this Office of Management and Budget (OMB) number is August 31, 2025.

- **Status of Study:** The information collected under this generic clearance is intended to inform the diagnosis and design, as well as the evaluation, of up to 9 sites that will be rigorously tested in the BIAS-NG project. Due to the rapid and iterative nature of this work, the ACF Office of Planning, Research, and Evaluation (OPRE) sought and received approval for a generic clearance to conduct this research.
    - Under this generic clearance, interventions have been and will continue to be developed in the program area domains of Temporary Assistance for Needy Families (TANF), Child Welfare, and Early Head Start/Head Start (EHS/HS). Diagnosis and design data collection has been completed for seven sites in the approved program area domains of TANF, Child Welfare, and EHS/HS. These seven sites have also completed their data collection, which included implementation research instruments submitted to and approved by OMB in individual generic information collection requests for each site.
    - For this revision, the design, method, instruments, and analytic approach will remain the same as the previously approved overarching generic clearance package, but we request to add the fourth domain of Child Care and update burden estimates to reflect completed data collection, ongoing approved data collections, and expected new data collection efforts over the next three years.

- **Timeline:** This request for BIAS-NG seeks approval to complete data collection for up to three additional years. The data collections would continue as described in the prior approved information collection request under this control number. Additionally, this request would allow for collection of data in the Child Care program area.

A1. Necessity for the Data Collection

The Administration for Children and Families' (ACF) Office of Planning, Research, and Evaluation (OPRE) seeks Office of Management and Budget (OMB) approval to extend our approved generic clearance to complete ongoing data collection and to submit additional generic information collection (GenIC) requests as part of the Behavioral Interventions to Advance Self-Sufficiency Next Generation (BIAS-NG) Project. The BIAS-NG project is applying behavioral insights to a range of ACF programs to design and test interventions intended to improve the operations and efficacy of human services programs. Data collection includes conducting interviews, focus groups, and surveys with staff and participants in regional, state, and local agencies. The purpose of these data collection efforts is to inform the design of and to better understand the mechanisms and effects of interventions informed by behavioral science and intended to improve program outcomes.

This submission provides revised supporting statements to include the fourth domain, Child Care and to update burden estimates to reflect only ongoing approved GenICs and estimates for potential new GenICs over the next three years. There are no changes to the proposed types of data to be collected, types of respondents, methods for collection, or proposed uses of the information.

Study Background

The September 2015 Executive Order "Using Behavioral Insights to Better Serve the American People" stated that "A growing body of evidence demonstrates that behavioral science insights -- research findings from fields such as behavioral economics and psychology about how people make decisions and act on them -- can be used to design government policies to better serve the American people" and encouraged federal agencies to "develop strategies for applying behavioral science insights to programs and, where possible, rigorously test and evaluate the impact of these insights." In keeping with this directive, OPRE has been conducting the BIAS-NG project. This project uses behavioral insights to design and test interventions intended to improve the operations and efficacy of human services programs. The BIAS-NG project builds on a prior OPRE project, the Behavioral Interventions to Advance Self-Sufficiency (BIAS) project, which relied exclusively on administrative data to test the short-term impact of small "nudge" interventions in human services programs. The BIAS-NG project is building on and going beyond the BIAS project by applying behavioral insights to additional ACF programs, going beyond testing simple "nudges" to include: helping programs be more self-reflective about how they present choices and options to participants; testing alternative approaches to presenting those options; and, importantly, by collecting qualitative information from program staff and participants to better understand the mechanisms and effects of behavioral interventions. Information collected from interviews, focus groups, and surveys with program staff and participants will first enable the research team to better diagnose problems amenable for behavioral interventions. Based on this information, the research team will be able to design

relevant interventions. Information collected during the implementation of the interventions will provide additional information as to whether the intervention was successful and, just as importantly, why or why not.

The BIAS-NG study is organized such that each specific intervention is designed in consultation with the agency leaders; the timeframes are shorter than many evaluations because outcomes of interest are proximate to the intervention point; and these studies often lend themselves to rapid cycle evaluation where testing a particular intervention design can inform subsequent tests of related program improvement efforts.

The iterative and rapid nature of these tests poses a challenge to complying with the timeline for seeking full approval of each individual information collection activity subject to the Paperwork Reduction Act (PRA). Thus, OPRE sought and received approval for an overarching generic clearance to conduct this work. For each GenIC, instruments have been and will continue to be tailored to the specific intervention and the specific site; once a set of instruments for a particular test is developed, and prior to use in the field, OPRE submits a supporting statement Part A and B and submits the specific instruments to be used to OMB for approval. Each specific information collection may include up to two submissions: first, a submission for the formative stage research, to include supporting statements (Stage 3 in Exhibit 1 below); and second, a submission for the test and evaluation materials, to include supporting statements (Stage 4 in Exhibit 1 below).

Legal or Administrative Requirements that Necessitate the Collection

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

A2. Purpose of Survey and Data Collection Procedures

Overview of Purpose and Approach

- The goal of this GenIC is to conduct qualitative and descriptive quantitative research to identify and understand the psychological and behavioral factors that can affect the effectiveness of human service programs.
- Intended use of the resulting data is to identify ways to apply behavioral insights that have the potential to improve the delivery and/or quality of services administered by human service agencies in the areas of Child Welfare, TANF, EHS/HS, and Child Care.
- The qualitative data collection has collected and will continue to collect data using rapid assessment methods, including: semi-structured qualitative interviews; focus groups; direct observations; and document reviews.
    - This qualitative data has been and will continue to be supplemented with administrative data the agencies are already collecting.

- The populations to be studied include regional, state, and local TANF, Child Welfare, EHS/HS, and Child Care program administrators, staff, and clients.
- Qualitative data has been and will continue to be analyzed using qualitative analysis methods, such as coding interviews for themes relevant to psychological and behavioral barriers to service delivery, uptake, and quality.

GenICs submitted under this control number will consist of the following criteria:

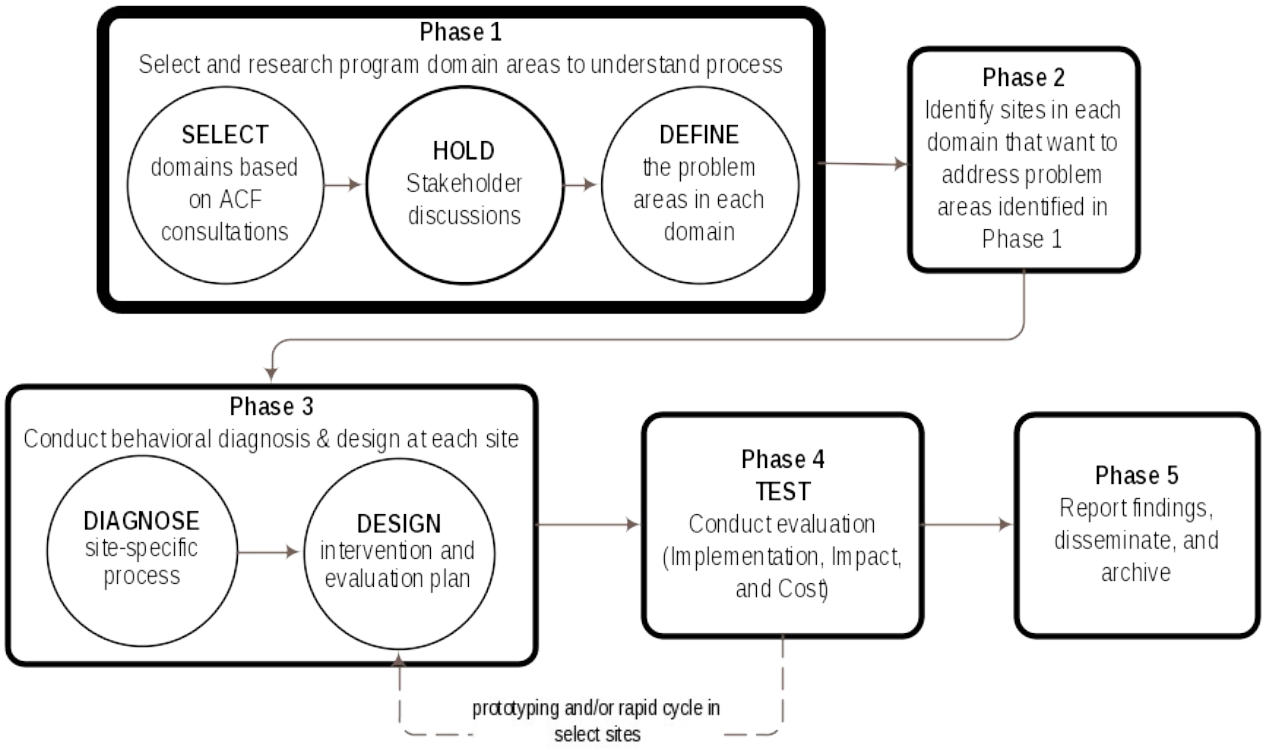
- A full Supporting Statement A and Supporting Statement B has accompanied and will continue to accompany each of the GenICs submitted under this generic clearance. These include:
    - A discussion of the respondents. Agency administrators, staff, and clients are the participants for our research during these ICs.
    - Information about the context of each GenIC. Researchers speak with and conduct surveys with specific populations in a particular geographic location/setting/agency.
    - A description of the planned qualitative data collection including submission of the specific instruments for review. Instruments include focus group/interview protocols and short surveys specific to each informant group (agency administrators, staff, and clients).
    - A description of the qualitative analyses planned. Audio recordings and notes from interviews/focus groups will be analyzed for patterns and themes.
    - A description of the administrative data that the agencies are already collecting and that the project will utilize. It is important to note that collecting administrative data does not and will not impose a burden on respondents or record keepers, as we ask sites to provide data as it currently exists. We have not and will not be requesting that it be provided in any particular format that is different from the format in which the agency typically keeps it.
    - A description of the planned intervention associated with each specific GenIC.
    - Information about planned communication about the findings. Study outcomes will be communicated to state and national stakeholders in a position to consider and implement site-specific improvements to ACF agency programs.
- Final proposed instruments have accompanied and will continue to accompany each of the GenICs submitted under this generic clearance.
- Any supplementary materials (advance letters, emails, etc.) have accompanied and will continue to accompany each of the GenICs submitted under this generic clearance, as appropriate.

The study is designed to develop tools to: apply behavioral insights to ACF human services programs; design and test interventions informed by behavioral science; encourage rapid cycle

tests that may lead to further improvements in human services programs; and enable regional, state, and local program staff to learn skills to engage in behavioral diagnosis and design, and conduct rigorous tests of future interventions. The interventions we design for this study have addressed and will continue to address problems that have broad relevance for TANF, Child Welfare, and EHS/HS programs, and following the approval of this current request, Child Care programs. While it is our intention for the specific findings from each intervention to provide information that could be useful in the design and operation of programs that provide similar services to similar populations, the specific findings from these interventions will only be suggestive and preliminary, based on this research. The limitations of such findings will be made clear in any related communications.

The majority of the work in each site is conducted in five phases. Exhibit 1 provides an overview of the process in each site, which consists of planning phases to determine the program area domains and learn about the problems of interest to stakeholders (Phase 1) and identify sites (Phase 2). Phase 3 is where we engage with administrators, program staff, and clients through interviews (via telephone or in-person) and/or focus groups. These interactions are needed to develop the interventions to test. During Phase 4 we conduct implementation research with sites, interviewing administrators, program staff, and clients to better understand how the test is being implemented. The below bullets provide more detail on the work during each phase.

Exhibit 1 — Behavioral Diagnosis and Design Process for BIAS-NG



Planning Phases

TANF, Child Welfare, and Early Head Start/Head Start (currently approved under this umbrella generic)

- **Phase 1 (late 2015 – 2019):**
  - **Select Program Area Domains**
    - The TANF and Child Welfare domains were pre-selected by ACF and were included under the original approval for generic clearance. The EHS/HS is the third domain, selected in collaboration with ACF, and was approved by OMB in the previous update to the generic clearance.

  - **Define the Potential Problem Areas in Each Domain**
    - To ensure that our pilot interventions do not address problems idiosyncratic to a particular program, we consulted with experts internal and external to ACF to identify a set of problems that broadly affect TANF, Child Welfare, and EHS/HS programs.

- **Phase 2 (mid 2016 – 2024):**
  - **Identify up to 9 Sites**
    - As of Q2 2024, 8 sites have been identified across TANF, Child Welfare, and EHS/HS. Interest in participating in BIAS-NG has been high and systematic recruitment of sites has not been necessary.

Generic Information Collection Phases

- **Phase 3: Conduct Behavioral Diagnosis in up to 9 Sites (early 2017 – 2024)**
  - Conduct behavioral diagnosis and design at each site.
    - We have completed behavioral diagnosis and design at seven sites in the approved program area domains of TANF, Child Welfare, and EHS/HS.
    - Behavioral diagnosis and design is beginning for one site in EHS/HS[1].
    - Behavioral diagnosis and design is a procedure in which we examine the processes related to the problem of interest (to better understand the factors that may be inhibiting the desired outcomes and to design solutions that are informed by behavioral science research to help improve outcomes). For example, through this process we have identified barriers that individuals and families may face that contribute to their lack of engagement in programs.

[1] Through these efforts the same information is not being requested of more than 9 individuals and therefore these activities are not subject to the Paperwork Reduction Act (PRA). An information collection request under this umbrella generic will be submitted for activities subject to PRA.

        - During this phase we have been reviewing and plan to continue review preexisting administrative data from each site. Additionally, this phase may include the first round of interviews/focus groups and surveys included under this clearance to best identify the bottlenecks, and when and how an intervention would be the most useful.
        - Among the current eight BIAS-NG sites, three sites determined the need to conduct diagnosis research, and we submitted and received approval for GenIC requests for each site.

- **Phase 4: Conduct 9 Evaluation Tests (mid 2017 – 2027)**
    - Conduct evaluation of the designed intervention.
        - Seven evaluation tests (at seven sites) have been launched and completed.
    - The mixed methods evaluations consist of implementation, impact, and cost research.
        - The implementation studies rely in part on the second round of interviews/focus groups and surveys included under this clearance.
        - For the seven sites that have completed evaluations, we submitted and received approval for implementation research as individual information collections requests under the generic clearance.

Dissemination Phase

- **Phase 5: Disseminate Findings and Archive Data (2020 – 2027).**
    - Write briefs describing the results of up to nine tests.

<u>Child Care</u>

Note: For the Child Care domain, based on exploratory work we had done with the agency in the Child Welfare domain, the agency approached us to help them address challenges they are experiencing in their Child Care domain. As a result, the order of the first two phases is reversed.

- **Phase 2 (2023):**
    - **Identify 1 Site**
        - Identify a site in the fourth-identified domain (Child Care). Interest in participating in BIAS-NG has been high and systematic recruitment of sites was not necessary.

- **Phase 1 (late 2023 - mid 2024):**
    - **Define the Problem Areas in the Child Care Domain**
        - We will identify a set of problems relevant to the recruited site that may broadly affect child care programs.

Generic Information Collection Phases

- **Phase 3: Diagnose and Design Interventions for up to 2 Tests (mid 2024-2025)**
    - Conduct behavioral diagnosis and design at the site.
        - Behavioral diagnosis and design is a procedure in which we examine the process related to the problem of interest (to better understand the factors that may be inhibiting the desired outcomes and design solutions that are informed by behavioral science research to help improve outcomes). For example, through this process, we can identify barriers that families may face that contribute to their lack of engagement in programs.
        - During this phase we plan to review preexisting administrative data from the site and may complete the first round of interviews/focus groups and surveys included under this clearance to best identify the bottlenecks, and when and how an intervention would be the most useful.

- **Phase 4: Conduct up to 2 Evaluation Tests (2025 – 2027)**
    - Conduct evaluation of the designed intervention(s).
    - The mixed methods evaluation will consist of implementation, impact, and cost research.
        - The implementation study will rely in part on the second round of interviews/focus groups and surveys included under this clearance.

Dissemination Phase

- **Phase 5: Disseminate Findings and Archive Data (2027)**
    - Write briefs describing the results of all child care tests.

In addition to collecting data from administrators, staff, and clients with focus groups, interviews, and surveys, we will also supplement this information with administrative data the agencies are already collecting. Collecting administrative data will not impose a burden on respondents or record keepers, as we ask sites to provide data as it currently exists. We will not be requesting that it be provided in any particular format that is different from the format in which the agency typically keeps it. In addition, we will not be asking more than nine individuals to provide the administrative data.

Research Questions

For the purposes of designing the intervention and conducting an evaluation of its implementation, we have conducted and will continue to conduct interviews, focus groups, and surveys with administrators, staff, and clients. These qualitative data collection activities are critical to designing an effective intervention, allowing the research team to properly diagnose ways in which agencies are not maximizing their impact for the populations they serve. These

activities allow the team to gather structured in-depth information to understand the program process from both the administrative and client perspectives. Focus groups and interviews are essential to identifying the points in the outreach and delivery of services, or in the client's experiences, that are most amenable to a behavioral intervention. They allow the BIAS-NG team to map a correspondence between the insights of behavioral science with the on-the-ground implementation of programs and subsequent client experiences.

These qualitative data collection activities are also essential to conducting implementation research, to describe and document each site's intervention, how it operated, and provide information about the contrast in treatment between the research groups – both whether the planned contrast between the treatment and control condition occurred (implementation fidelity) as well as how the treatment implemented actually differed from the status quo (implementation contrast). This information is critical to interpreting the findings of our interventions.

Please see Attachments A.1-A.5 for sample interview, focus group, and survey questions. Once instruments are tailored for each site, and for both Phase 3 and Phase 4, we have submitted and will continue to submit individual GenIC requests with additional detail about the site, the final tailored instruments, and the site-specific study methodology. Currently approved (August 2024) materials are available here: https://www.reginfo.gov/public/do/PRAICList?ref_nbr=202206-0970-002.

Study Design

Phase 3: Diagnosis and Design

During Phase 3, we have collected and will continue to collect qualitative data from administrators, staff, and clients via focus groups, interviews, and surveys, which helps to inform our intervention design. Changes to instruments used by the federal study team have been and will continue to be submitted to OMB for approval. We also collect administrative data from agency MIS systems to better understand client experiences with the program and identify points where service delivery might need improvement.

Phase 4: Evaluation Tests

Impact Study

During Phase 4, we have designed and will continue to design and conduct impact analyses of behavioral interventions. Such interventions have included or may include, but are not limited to:

- participant reminders, such as emails, text messages, or telephone calls to facilitate the completion of a particular action;
- implementation prompts, which encourage participants to make a plan for when they are going to complete an action;
- easy tracking tools for clients to make it simpler for them to show they are meeting program requirements;

- self-affirmation exercises to counter individuals' tendency not to complete an action if they perceive it as a threat to their self-conception or identity;
- restructured work flows and processes to improve service delivery;
- automatic enrollment, which defaults eligible participants into a program so that they must opt out rather than opt in;
- pre-population of forms to make it easier and faster for clients to complete lengthy or confusing forms; and
- co-location of services to reduce the barriers associated with traveling to multiple offices for different benefits.

It is possible that, in conjunction with some of the behavioral interventions, sites may decide to change what data they collect and/or the questions they ask the public to answer. Such decisions will be controlled by the sites not the project. Our framework of selecting sites within the domains of TANF, Child Welfare, EHS/HS, and Child Care and targeting similar problems across these sites could also provide opportunities for replication and to determine if similar interventions are effective in different settings trying to get to the same outcomes. When appropriate, we have used and may continue to use factorial or sequential study designs to assess the effectiveness of each intervention component with the goal of building the most efficient intervention possible.

Implementation Study

Additionally, in Phase 4, we have conducted and will continue to conduct an implementation study to describe and document each site's intervention, how it operates, and provide information about the contrast in treatment between the research groups—both whether the planned contrast between the treatment and the control condition occurred (implementation fidelity) as well as how the treatment implemented actually differed from the status quo (treatment contrast). This information is important for interpreting the findings of the impact study. Exhibit 2 presents research questions that has been and will continue be addressed by information collection in Phase 4. Changes to instruments used by the federal study team have been submitted and approved for the first seven sites and will continue to be submitted to OMB for approval. Phase 4 also includes a cost analysis.

Exhibit 2: Research Question and Instrument Matrix

Research Questions	Administrator interviews/ focus groups	Staff interviews/focus groups	Client interviews/focus groups	Client survey	Staff Survey
How are sample members identified and recruited for the intervention?	X	X			X

To what extent were the interventions implemented with fidelity?	X	X	X	X	X
What are the patterns of participation (if appropriate as a proximal measure) and do these patterns adhere to the intervention design?	X	X			X
What were the challenges and barriers the site experienced?		X			X
How did the system within which the program operates influence implementation?	X	X			X
What is the organizational culture and how does it support or hinder responses to the behavioral intervention?	X	X			X
To what extent did the intervention require collaboration between multiple agencies or units, and what worked well and what did not?	X	X			X
What are the participant perspectives on their response to the intervention?			X	X	

A3. Improved Information Technology to Reduce Burden

Planning site visits has been and will continue to be done collaboratively with each of the sites. We have used and will continue to use conference calls and emails to the extent possible to minimize burden.

The interviews have been and will continue to be conducted either individually or as a focus group, either in person or virtually depending on what works best for the site. To minimize the burden, we hold semi-structured group discussions (focus groups), rather than individual conversations, whenever possible. For example, one group discussion may be held with multiple front-line workers at the same or similar levels, such as case workers or outreach specialists. A separate group discussion may be held with supervisors of front-line staff. A third discussion group may include staff at the management or administrative level, such as directors of offices or agencies. If there is a single staff member in a particular level, however, an individual discussion is held. Staff at each of these levels often have different perspectives and thus different experiences. Group discussions have allowed and will continue to allow us to reduce the length of time spent with the site while still obtaining valuable feedback on the interventions from staff with a range of experiences. The surveys have been and will continue be administered on the web, on mobile devices, or in-person while the research team is on-site.

A4. Efforts to Identify Duplication

The information collection requirements for this study have been carefully reviewed to determine what information is already available from existing studies and program documents and what

needs to be collected for the first time. Although information from existing sources improves our understanding of the planning process, ACF does not believe that it provides sufficient information on how TANF, Child Welfare, EHS/HS, and Child Care agencies interact with their clients. This data collection is intended to yield new and useful information about TANF, Child Welfare, EHS/HS, and Child Care processes. The interviews and focus groups support a deeper exploration of patterns seen in the survey and/or administrative data or review of documents.

A5. Involvement of Small Organizations

Staff and families at smaller centers or programs may be part of this data collection effort if they are a sub-grantee or community-based organization closely related to a chosen TANF, Child Welfare, EHS/HS, and/or Child Care site. If we need to conduct interviews with individuals in small centers or programs, we will schedule interviews at times that are convenient to them in order to minimize disruption of daily activities.

A6. Consequences of Less Frequent Data Collection

Rigorous evaluation of innovative initiatives is crucial to building evidence of what works and how best to allocate scarce government resources. These data collection undertakings represent an important opportunity for ACF to both learn about activities associated with TANF, Child Welfare, EHS/HS, and Child Care and to design behavioral interventions to improve service delivery and uptake.

Not collecting information from the three categories of respondents (administrators, staff, and clients) during Phase 3 would limit the government's ability to design appropriately targeted interventions that appropriately match the barriers administrators, staff, and clients face in the quest for optimal service delivery. Not collecting information during Phase 4 would hinder the government's ability to learn how interventions were implemented and whether and to what degree the interventions had the outcome desired.

A7. Special Circumstances

There are no special circumstances for this data collection.

A8. Federal Register Notice and Consultation

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 has published a notice in the Federal Register announcing the agency's intention to request an OMB review of this information collection activity each time the umbrella Generic Clearance has been submitted for approval or revisions.

1. When ACF first developed the umbrella generic, a notice was published on May 23, 2017 (82 FR 23572) and provided a 60-day period for public comment. No substantive comments were received during the notice and comment period. A subsequent notice was published on July 25, 2017 (82 FR 34530) and provided a 30-day period for public comment. No comments were received during the notice and comment period.

2. A notice was then published providing the opportunity to comment on the proposed addition of the EHS/HS domain to the Generic Clearance. This notice was published on July 16, 2019 (84 FR 33947) and provided 30-days for public comments. No substantive comments were received during the notice and comment period.

3. A notice was then published providing the opportunity to comment on the extension of the GenIC. ACF published a notice on February 22, 2022 (87 FR 9629) and provided a 60-day period for public comment. No substantive comments were received during the notice and comment period.

4. For this current extension request, ACF published a notice on May 21, 2024 (89 FR 44686) and provided a 60-day period for public comment. No substantive comments were received during the notice and comment period.

Consultation with Experts Outside of the Study

We have consulted and may continue to consult with relevant stakeholders and experts on the study design and data collection instruments. When needed, specific consultants will be identified in each GenIC.

A9. Tokens of Appreciation for Respondents

In order support data collection representing a range of experiences, we currently offer clients participating in focus groups, interviews, and surveys up to $40. These tokens of appreciation are intended to offset the financial burden that may result from travel, additional cell-phone data or phone minutes, or child care costs associated with participation in focus groups, interviews, and surveys.

The overarching token of appreciation amount originally approved in this GenIC was $20 and then we received approval to offer up to $40 in the previous amendment to the umbrella generic clearance. Based on experiences in the field to date, we have found that the $20 amount was not sufficient to support an adequate response rate in all situations in which we will be conducting client interviews and focus groups. This is likely to be especially true when the study team asks clients to attend a separate meeting to participate in interviews or focus groups and/or when the client is a parent with young children. For example, in the Allegheny County child welfare site, only four respondents out of 13 scheduled completed a client interview, even after several

reminder calls, as $20 was not enough to offset an extra trip to the child welfare office, including costs for child care and transportation. Therefore, we will use $40 as the default amount for future data collections.

Tokens of appreciation have not been and will not be used as a substitute for other best-practice strategies designed to increase participation, such as explanatory advance letters, endorsements by people or organizations important to the population participating in focus groups, interviews, or surveys, and assurances of privacy.

We have included and will continue to include a written justification in the specific GenIC request for any planned tokens of appreciation. We have secured and will continue to secure Institutional Review Boards (IRB) approval for the use and monetary value of the tokens of appreciation prior to fielding the survey and hosting focus groups. Additional information has been and will continue to be provided in each individual GenIC.

A10. Privacy of Respondents

All respondents who participate in research under this clearance have been and will continue to be read a statement that will explain the study and will inform individuals that their participation is voluntary and of the extent of their privacy as respondents. (See Attachments A.1-A.5.) Participants are and will continue to be told verbally that their conversations will not be shared in a form that identifies them with anyone outside the research team. As ACF's prime contractor, MDRC implements all data collection activities. If data collection activities are performed by a subcontractor, that subcontractor has maintained and will continue to maintain the same standards of privacy as required by MDRC. Information has been and will continue to be kept private to the extent permitted by law and in accordance with current federal information security standards and other applicable regulations.

MDRC employees are required to maintain and process quantitative and qualitative data in designated project folders on the MDRC network. With the exception of the temporary storage of data during onsite collection, MDRC employees are not allowed to download, keep, or process individual-level data on the hard drives of their MDRC work stations or any other storage. At least some of the information collected under this ICR will likely be retrieved by an individual's personal identifier in a way that triggers the Privacy Act of 1974, as amended (5 U.S.C. 552a). The system of records notice (SORN) for this collection is OPRE Research and Evaluation Project Records, 09-80-0361. Each individual will be provided with information that complies with 552a(e)(3) prior to being asked for information that will be placed into that system of records. This means respondents will receive information about the authority, the purposes for use, the routine uses, that the request is voluntary, and any effects of not providing the requested information.

The project Data Manager organizes BIAS-NG project folders and supervises storage of BIAS-NG data files on a "need-to-know" basis. Following standard MDRC practice, the project Data Manager and project programmers replace all PII from incoming source data with a randomly-generated project ID number. BIAS-NG generally does not request direct identifiers but may request phone numbers, addresses, and case notes to confirm fidelity to a study design. In addition, depending on the site's data systems, the team may receive individual data system identifiers such as case numbers and client IDs. These files are saved in secure folders with limited access on a "need-to-know" basis. Thereafter, data processing for the project is performed on analysis files that have been stripped of PII. All reports, tables, and printed materials are limited to presentation of aggregate numbers. MDRC has destroyed and will continue to destroy all paper records and electronic records containing PII when no longer needed for research purposes in accordance with funder and contractual requirements, as well as MDRC retention policies.

A11. Sensitive Questions

There are no sensitive questions in this data collection.

A12. Estimation of Information Collection Burden

This extension request includes an overview of burden that is currently remaining for ongoing approved GenICs and burden for potential new GenICs. For information about previously approved GenICs for which data collection is complete, see: https://www.reginfo.gov/public/do/PRAOMBHistory?ombControlNumber=0970-0502

Consistent with the initial approval of this overarching generic, burden falls into the following activities:

- During Diagnosis and Design Phase (Phase 3), we talk to the sites' administrators, and talk to or survey staff and participants at sites to understand the behavioral barriers facing families. This includes individual interviews or focus groups, and surveys.
- During the Evaluation Phase (Phase 4), we conduct individual interviews or focus groups, and surveys with approximately twice the number of respondents per respondent category. As with previously approved requests, we plan to conduct more interviews and surveys during Phase 4 to allow for more rigorous analysis of the implementation data collected.

Based on experience thus far, we estimate that focus groups for administrators, staff, and clients each take 1 hour to complete. We estimate the client and staff surveys to each take approximately 15 minutes to complete online.

Over the next three years, we anticipate submitting one new GenIC for Phase 3 data collection in one site and two new requests for information collection activities related to Phase 4 data collection. The two data collection requests in Phase 4 would cover three sites, since Head Start/Early Head Start has two grantee sites that anticipate submitting one GenICs. The burden needed for these data collections was previously approved.

Respondents will include: (1) Program Administrators, (2) Program Staff, and (3) Program Clients.

Exhibit 3: Requested Burden Hours for Generic Clearance Extension June 2022-May 2025

Instrument	No. of Respondents (TANF, CW, EHS/HS, CC) (total over request period)	Number of Responses Per Respondent (total over request period)	Average Burden Hours Per Response (in hours)	Total Burden (in hours)	Annual Burden (in hours)	Average Hourly Wage	Annual Cost
PHASE 3: DIAGNOSIS AND DESIGN							
Administrator interviews/ focus groups	48	1	1	48	16	$28.36	$453.76
Staff interviews/ focus groups	400	1	1	400	133	$28.36	$3,771.88
Client interviews/ focus groups	400	1	1	400	133	$12.31	$1,637.23
Client survey	400	1	0.25	100	33	$12.31	$406.23
Staff Survey	400	1	0.25	100	33	$28.36	$935.88
PHASE 4: EVALUATION							
Administrator interviews/ focus groups	96	1	1	96	32	$28.36	$907.52
Staff interviews/ focus groups	800	1	1	800	267	$28.36	$7,572.12
Client interviews/ focus groups	800	1	1	800	267	$12.31	$3,286.77
Client survey	12,000	1	0.25	3000	1000	$12.31	$12,310.00
Staff Survey	1,200	1	0.25	300	100	$28.36	$2,836.00
Total	**16,544**			**6044**	**2014**		**$34,117.39**

Total Cost

We estimate the average hourly wage for staff to be the average hourly wage of "community and social service occupations" taken from the U.S. Bureau of Labor Statistics, May 2023 National Occupational Employment and Wage Estimates ($28.36). To compute the total estimated cost for clients, the total burden hours were multiplied by $12.31, the average minimum wage across the seven states of the BIAS-NG sites, calculated from the U.S. Department of Labor, Minimum Wage Laws in the States, updated July 1, 2024.

A13. Cost Burden to Respondents or Record Keepers

The data collections proposed under this overarching generic involve imposing time burdens on very busy administrative and frontline staff in human services agencies. Based upon our experience in the field to date under this package, we propose continuing to offer a small honorarium of $40 to program staff participating in future data collections under this overarching generic, as previously approved by the OMB and IRB. This is in recognition of the time and professional expertise they contribute to the studies. These honoraria are intended to both encourage staff participation and recognize their efforts to support a timely and high-quality data collection.

A14. Estimate of Cost to the Federal Government

The total cost for the data collection activities under this current request will be approximately $4,449,855. Annual costs to the Federal government will be approximately $1,483,285.

A15. Change in Burden.

This request is to extend the umbrella generic for three years, to allow for collection of data in the new program area of Child Care, and to potentially submit additional individual GenICs under the umbrella generic. We have updated burden estimates to reflect only ongoing approved GenICs and estimates for potential new GenICs over the next three years.

A16. Plan and Time Schedule for Information Collection, Tabulation and Publication

Time Schedule and Publication

As noted previously, the package is a request for an extension for the overarching generic and to collect data in the new program area of Child Care. Therefore, in the below table – in addition to providing updates on the status of the currently approved information collections – we also provide an estimated time schedule for the proposed efforts over the next three years. We note this additional work is dependent on approval of this request for an extension.

Exhibit 6A: Generic IC and Publications Time Schedule

CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027
Phase 3: Diagnosis and Design										
	Phase 4: Evaluation									
							Phase 5: Dissemination			

Phase 3: Diagnosis and Design: This phase involves the development of site-specific diagnosis and design of behavioral intervention(s) and an evaluation plan using a collaborative process with the site, behavioral science and program content experts, and ACF staff. Under the currently approved generic, we have completed Phase 3 for seven of the nine sites. This requested extension will allow the project to complete Phase 3 for up to two remaining sites.

Phase 4: Evaluation: Phase 4 consists of implementing the behavioral intervention(s) and evaluating them. Under the current approved generic, we have completed Phase 4 across seven sites. This requested extension will allow the project to complete Phase 4 for up to two tests at up to three remaining sites.

Phase 5: Dissemination: As described in prior requests related to this generic, dissemination efforts during the time of this clearance includes site specific reports, infographics, dissemination products aimed at practitioners, sharing findings at conferences, and publicizing our findings and our work on social media.

A17. Reasons Not to Display OMB Expiration Date

All instruments will display the expiration date for OMB approval.

A18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are necessary for this information collection.