

INSTRUCTIONS FOR COMPLETING THE 83-I

THIS IS AN ONLINE REPLICA OF THE OMB 83-I IMPLEMENTED IN A WORD TEMPLATE ALLOWING FOR THE FORM TO BE FILLED OUT ON YOUR COMPUTER SCREEN. THE STANDARD OMB BOILER PLATE PORTION IS PROTECTED FROM MODIFICATION . HOWEVER, IT INCLUDES "FORM FIELDS" THAT ALLOWS YOU TO POPULATE THE FORM WITH THE SPECIFIC INFORMATION FOR THIS REQUEST. ITS SIMILAR TO TYPING ON A PRINTED FORM AND FILLING IN THE BLANKS WITH A TYPWRITER.

THE FORM FIELDS ARE GRAY RECTANGLES THAT ARE NAVIGATED WITH THE TAB KEY. PRESSING THE TAB KEY STEPS YOU FORWARD THROUGH THE FORM AND SHIFT+TAB ALLOWS YOU TO STEP BACKWARD. IT'S EASIEST TO WORK WITH THE FORM FIELDS AT 100% ZOOM IN EITHER NORMAL VIEW OR PAGE LAYOUT.

MOST FORM FIELDS HAVE HELP MESSAGES THAT CAN BE ACTIVITATED BY PRESSING F1. THESE MESSAGES REPRESENT A MODIFIED VERSION OF THE OFFICIAL OMB INSTRUCTIONS THAT ALSO CAN BE DOWNLOADED FROM THIS WEB SITE.

TO MOVE THROUGH THE TWO PAGES VERTICALLY YOU SHOULD USE THE SCROLL BAR.

IF YOU HAVE QUESTIONS ON USAGE PLEASE GET IN TOUCH WITH BOB SARGIS, ACF, 202-690-7275.

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street N.W., Washington, DC 20503**

<p>1. Agency/Subagency originating request HHS/ACF/ACYF/Child Care Bureau</p>	<p>2. OMB control number b. <input checked="" type="checkbox"/> None a. 0 ___ - 0 ___</p>
<p>3. Type of information collection (check one) a. <input checked="" type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number <i>For b-f, note item A2 of Supporting Statement Instructions</i></p>	<p>4. Type of review requested (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency-Approval requested by: _____ c. <input type="checkbox"/> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: ___ / ___</p>
<p>7. Title Evaluation of Child Care Subsidy Strategies; Massachusetts, Illinois, and Washington</p>	
<p>8. Agency form number(s) (if applicable) ACYF-05-00091</p>	
<p>9. Keywords child care, subsidies</p>	
<p>10. Abstract Recognizing the need for rigorous, random assignment experiments to test aspects of subsidy policy, these three State studies will provide Federal, State, and local policymakers with information about the role of child care subsidy policies in helping low-income families achieve self-sufficiency and help determine how differences in subsidy policies or quality-improvement efforts are related to parent, child, and child care provider outcomes. In Massachusetts, respondents are family child care providers and low-income children in their care. In Illinois, respondents are working families with children under age 13 and with incomes between 50-65% of the State Median Income. In Washington, respondents are low-income, working families with children under age 13. Results will help inform decisions regarding the use of the Child Care and Development Fund.</p>	
<p>11. Affected public (Mark primary with "P" and all others that apply with "X") a. <u>P</u> Individuals or Households d. ___ Farms b. <u>X</u> Business or other for-profit e. ___ Federal Government c. ___ Not-for-profit institutions f. <u>X</u> State, Local or Tribal Govt.</p>	<p>12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <u>P</u> Voluntary b. ___ Required to obtain or retain benefits c. ___ Mandatory</p>
<p>13. Annual recordkeeping and reporting burden a. Number of respondents <u>5280</u> b. Total annual responses <u>23556</u> 1. Percentage of these responses collected electronically <u>0</u> % c. Total annual hours requested <u>3,693</u> d. Current OMB inventory <u>0</u> e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____</p>	<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs <u>\$0</u> b. Total annual costs (O&M) <u>\$0</u> c. Total annualized cost requested <u>0</u> d. Current OMB inventory <u>0</u> e. Difference <u>0</u> f. Explanation of difference 1. Program change _____ 2. Adjustment _____</p>
<p>15. Purpose of information collection (Mark primary with "P" and all others that apply with "X") a. ___ Application for benefits e. ___ Program Planning or Mgmt. b. <u>X</u> Program evaluation f. <u>P</u> Research c. ___ General purpose statistics g. ___ Regulatory or compliance d. ___ Audit</p>	<p>16. Frequency of recordkeeping or reporting (check all that apply) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods Does this information collection employ statistical methods? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Agency contact (person who can best answer questions regarding the content of this submission) Name: <u>Ivelisse Martinez-Beck</u> Phone: <u>202-690-7885</u></p>

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8 (b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collections of information, that the certification covers:

- (a) Is necessary for proper performance of the agency's functions and has practical utility;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b)(3)

- (i) Why the information is being collected;
- (ii) Use of information;
- (iii) Burden estimate;
- (iv) Nature of response (voluntary, required for a benefit, or mandatory);
- (v) Nature and extent of confidentiality; and
- (vi) Need to display currently valid OMB control number;

(h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to collected;

- (i) It uses effective and efficient statistical survey methodology; and,
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Sponsoring Official Shannon Christian	Date February 21, 2006
Reports Clearance Officer	Date
Signature of Senior Departmental Official or Designee	Date