

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0970-0401)**

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**TITLE OF INFORMATION COLLECTION:**

*Input on Agenda for 2017 Annual Meeting of Child Care and Early Education Policy Research Consortium*

**PURPOSE:** *We are seeking input on programming for the 2017 Annual Meeting of the Child Care and Early Education Policy Research Consortium (CCEEPRC). The Annual Meeting brings together researchers, program administrators and policymakers concerned with building the knowledge base and strengthening bridges between research and policies concerning increasing access and quality of early care and education. Through conversations with the CCEEPRC Steering Committee, Topical Work Groups, and leadership in the Administration for Children and Families, we have developed an initial list of priority discussion topics and research issues. However, we want the meeting agenda to:*

- (a) reflect ideas and interests from a wider spectrum of perspectives;*
- (b) include new research by CCEEPRC members that is relevant to goals of CCEEPRC; and*
- (c) nurture new connections and collaborations among CCEEPRC members.*

*A brief web-based survey of CCEEPRC members will provide a quick and convenient opportunity for CCEEPRC members to contribute their views, current interests, work and questions to shape the meeting agenda.*

**DESCRIPTION OF RESPONDENTS:**

*The survey will be sent to current members of the Child Care and Early Education Policy Research Consortium (CCEEPRC), a network of current and former grantees, contractors, and other stakeholders who have received funds from the Administration for Children and Families to conduct research addressing policy questions of relevance to the Child Care Development Fund, Head Start Program Performance and related initiatives in the field of early care and education. Currently, the electronic mailing list of the CCEEPRC includes 277 individuals.*

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input type="checkbox"/> Customer Satisfaction Survey              |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                    |
| <input type="checkbox"/> Focus Group                                   | <input checked="" type="checkbox"/> Other: <u>Web-based survey</u> |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Ann Rivera

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	277	5 minutes	23 hours
<b>Totals</b>			<b>23 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is  \$400.00

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
 Yes  No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

*We have a database of CCEEPRC members that have elected to continue receiving messages through the CCEEPRC listserv. We plan to email all current subscribers to the listserv (N=277) to invite them to complete the survey.*

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

**Web-based or other forms of Social Media**

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of Respondents.

**Participation Time:** Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of Respondents and the Participation Time then divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**