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

TITLE OF INFORMATION COLLECTION:
Input from Child Care Policy Research Consortium Members for CCPRC 2015 Annual Meeting

PURPOSE:
We are seeking feedback on programming of the 2015 Annual Meeting of the Child Care Policy Research Consortium (CCPRC). The Annual Meeting brings together researchers, program administrators and policymakers concerned with building the knowledge base and strengthening bridges between research and policies concerning child care subsidies and other initiatives to increase access to high quality early care and education. Through conversations with the CCPRC Steering Committee, Topical Work Groups, and leadership of the Office of Child Care, we developed the meeting agenda. We want to hear from attendees about their experience of the 2015 Annual Meeting, their reactions to session topics and structure, meeting materials, and their preferences for future meetings. We hope to provide printed evaluation forms at the end of the meeting and to follow-up by email after the meeting with registered meeting attendees. This will provide a quick and convenient opportunity for CCPRC members and other invited participants to contribute their feedback and reactions in order to shape future CCPRC meetings.

DESCRIPTION OF RESPONDENTS:
The meeting evaluation form will be provided in hard copy on location at the end of the meeting and it will be sent via email to registered attendees of the 2015 Annual Meeting of Child Care Policy Research Consortium (CCPRC), a network of current and former grantees, contractors, and other stakeholders who have received funds from the Administration for Children and Families to conduct and/or communicate research addressing policy questions of relevance to the Child Care Development Fund and related initiatives in the field of early care and education. Currently, 200 individuals have registered for the meeting.

TYPE OF COLLECTION: (Check one)
[ ] Customer Comment Card/Complaint Form   [X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software   [ ] Small Discussion Group
[ ] Focus Group   [ ] Other:_____

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 <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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 C. Rivera

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

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected?   [ ] Yes   **[X] No**
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?   [ ] Yes   **[X] 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   **[X] No**

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	200	5 minutes	17 hours
Totals			**17 hours**

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?
                     [X]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 will distribute evaluation forms at the meeting and invite attendees to complete and submit these. We also have a database of meeting registrants (i.e., both individuals who preregistered for 2015 Annual Meeting and individuals who register on site). We plan to email all registrants following the meeting (N=200) to invite them to complete the survey.

Administration of the Instrument
1. How will you collect the information? (Check all that apply)
        [X] Web-based or other forms of Social Media
        [ ] Telephone
        [X] In-person
        [ ] Mail
        [ ] Other, Explain

2. Will interviewers or facilitators be used? [ ] Yes   **[X] 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"

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.