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

#### TITLE OF INFORMATION COLLECTION:

#### **PMFO Event Session Feedback Survey**

#### **PURPOSE:**

The PMFO Event Session Feedback Survey is a voluntary one-time collection of data administered to professional development participants immediately after an event (posttransaction). This satisfaction survey provides timely feedback to program managers to improve current and future service delivery. This is the sole source of these objective satisfaction data.

The survey can be completed by most respondents in five minutes or less. To reduce burden, it can be completed online, including through a mobile device, and this is the primary mode of administration. Administration through printed copy is sometimes offered; most typically if a venue's internet access is known to be limited.

#### **DESCRIPTION OF RESPONDENTS:**

Respondents include event session participants. They will include grantee child care provider %.

program staff, grantee executive leadership, and f staff. Attendance size and composition will vary	<u> </u>		
<b>TYPE OF COLLECTION:</b> (Check one)			
[ ] Customer Comment Card/Complaint Form [ ] Usability Testing (e.g., Website or Software) [ ] Focus Group	<ul><li>[X] Customer Satisfaction Survey</li><li>[] Small Discussion Group</li><li>[] Other:</li></ul>		
CERTIFICATION:			
I certify the following to be true:			
1. The collection is voluntary.			
2. The collection is low-burden for respondents			
3. The collection is non-controversial and does <u>ragencies</u> .	not raise issues of concern to other federal		
4. The results are <u>not</u> intended to be disseminate	ed to the public.		
<ol> <li>Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.</li> </ol>			
6. The collection is targeted to the solicitation of experience with the program or may have exp			
Name: Steven Ellis			

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 [ ] 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	Participation	Burden	
	Respondents	Time		
Grantee and child care program staff (80%)	1080	5 minutes	90 hours	
Grantee executive leadership (10%)	135	5 minutes	11 hours	
T/TA Staff (10%)	135	5 minutes	11 hours	
Totals	1350	5 minutes	113 hours	

#### **FEDERAL COST:** The estimated annual cost to the Federal government is: \$14,325

Annual Administration Cost	Staff Hours	
Staffing (not loaded)	782	\$4,181
Technology and communication expense		\$5,611
Materials and Supplies		\$4,533
Total		\$14,325

## 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?

The PMFO evaluation team will typically receive a roster of event session participants and utilize the email addresses from this list to administer the survey. Participant names are not linked to individual survey records and no personally identifiable data are processed in the production of any reports, which feature aggregated data that preserve respondent anonymity. The survey includes no data regarding individual identities beyond generic titles (e.g., CFO) and

type of organization with which the individual is affiliated (e.g., Head Start EC Center), with no reference to specific organization, location, race, age, tenure, or other identifying characteristic. In rare cases, surveys may be administered in paper form at event locations that lack internet/email access, in which case participant list data will in no way be associated with data collection.

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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.