

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB Control Number: 0923-0047)**

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**TITLE OF INFORMATION COLLECTION:** CSPECE Resources Survey

**PURPOSE:** The purposes of the survey are to collect feedback from Agency for Toxic Substances and Disease Registry’s (ATSDR’s) cooperative agreement partners on: 1) the utility of the resources and support APPLETREE partners received over the past two years, 2) the need for resources in the future. The Choose Safe Places for Early Care and Education (CSPECE) Program is a new initiative for cooperative agreement partners centered on safely siting childcare centers to prevent exposures to toxic substances. The initiative is in its third year and it is necessary to survey cooperative agreement partners to understand the utility of previous resources and need for additional resources to plan relevant future guidance, resources, and technical assistance.

**DESCRIPTION OF RESPONDENTS:** ATSDR Cooperative Agreement Partner staff.

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

- |   |  |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input checked="" 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 type="checkbox"/> 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 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: Elisha Hall

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice 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
State, local, or tribal governments	30	10/60	5 hours
<b>Totals</b>	<b>30</b>	<b>10/60</b>	<b>5 hours</b>

Cost burden is based on Occupation Code 19-2041 (Environmental Scientists and Specialists, Including Health) for May 2018 at [https://www.bls.gov/oes/current/oes\\_nat.htm#11-0000](https://www.bls.gov/oes/current/oes_nat.htm#11-0000). The mean hourly wage is \$37.30. The cost per response is \$6.22. The annual cost burden for 30 respondents is \$186.50.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1936.50.00 (Based on 50 hours for a Behavioral Scientist job position retrieved from [https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/ATL\\_h.pdf](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/ATL_h.pdf) at a rate of \$38.73/hour or salary of \$80,830/year).

**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?

ATSDR maintains a contact list for the staff member(s) in each Cooperative Agreement state that manage CSPECE, which includes staff name and official email address. Based on this mailing list, the staff member(s) managing the CSPECE program from each state will be invited to participate via email (Attachment A). In the case of staff turnover or vacancy, the Primary Investigator of the state will be invited, as they would be the next most informed. The recipients will be bcc'ed on the email so no recipients are viewable. The invitation email will provide a link to the web-based survey (Attachment B - screenshot and Attachment C - Word). To maximize response, ATSDR will send two reminder emails (Attachment D and Attachment E).

### 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.**

List of Attachments

- 1) AttA Email Invitation for Survey
- 2) AttB CSPECE Resources Survey (screenshots)
- 3) AttC CSPECE Resources Survey (text)
- 4) AttD Email Reminder
- 5) AttE Final Reminder
- 6) AttF Research and PRA Determination Form