

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

TITLE OF INFORMATION COLLECTION: Feedback from Child Care and Early Education Policy Research Consortium (CCEEPRC) Members on the CCEEPRC 2020 Annual Meeting

PURPOSE: We are seeking feedback on programming of the Child Care and Early Education Policy Research Consortium (CCEEPRC) 2020 Annual Meeting. 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. We want to hear from attendees about their experience of the CCEEPRC 2020 Annual Meeting, their reactions to session topics and structure, meeting materials, and their preferences for future meetings. We propose to email all registered meeting attendees with an electronic link to the evaluation form. Printed evaluation forms will also be available at the end of the meeting. This will provide a quick and convenient opportunity for CCEEPRC members and other invited participants to contribute their feedback and reactions in order to shape future CCEEPRC meetings.

DESCRIPTION OF RESPONDENTS: The meeting evaluation form will be sent via email to registered attendees of the CCEEPRC 2020 Annual Meeting and provided in hard copy on location at the end of the meeting, as needed. Attendees will include a network of current and former grantees, contractors, and other stakeholders who have received funds from the Administration for Children and Families (ACF) to conduct and/or communicate research addressing policy questions of relevance to ACF early care and education programs and related initiatives in the field of early care and education. Currently, 143 individuals have registered for the meeting. We estimate 260 participants to register for the meeting and 150 participants to respond to the survey.

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: Ann C. Rivera, Senior Social Science Research Analyst, Office of Planning, Research, and Evaluation, ACF

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	150	10 minutes	25 hours
Totals			25 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$588.00_____

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 will email all registered meeting attendees and invite attendees to complete and submit responses to these questions. We plan to email all registrants following the meeting (N=260) to invite them to complete the survey. We will also have hardcopies of the meeting evaluation available for those who wish to complete the evaluation form in paper and pencil format. We estimate 150 participants to respond to 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”

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 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 responses and the participation time and 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.