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

**TITLE OF INFORMATION COLLECTION:** Feedback Related to PDG B-5 Technical Assistance Center Communities of Practice and Workgroups

**PURPOSE:** The purpose of this data collection is to gather voluntary information from individuals who participate in the Preschool Development Grant Birth through Five (PDG B-5) Technical Assistance (TA) Center’s communities of practice or workgroups. The PDG B-5 TA Center will use the information to assess and improve communities or practice and workgroups and ensure that the Center is addressing the needs of states and territories, especially those with PDG B-5 grants.

**DESCRIPTION OF RESPONDENTS**: The respondents are staff from any state or territories and staff of their partner organizations who participate in the Community of Practice or workgroup.

**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 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: Paula Bendl Smith, Contracting Officers Representative, PDG B-5, Office of Child Care, ACF

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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group Type** | **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden** |
| Communities of Practice | Private Sector | 5 | 5 minutes | .42 |
| State, local, or tribal governments | 20 | 5 minutes | 1.67 |
| Workgroup | Private Sector | 60 | 5 minutes | 5 |
| State, local, or tribal governments | 240 | 5 minutes | 20 |
|  | **Totals** | **325** |  | **27.1 hrs** |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_$4,617\_\_\_\_\_\_\_\_

**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?

Respondents will be individuals that join communities of practices or workgroups. We anticipate 50 members for each community of practice or workgroup and a 50% survey response rate (N=25 survey respondents for each CoP and workgroup). There is 1 planned community of practice (N=25) and 12 planned workgroups (N=300) that will be assessed once before May 2021 for a total of 325 expected respondents.

**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

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [X] No