

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

**TITLE OF INFORMATION COLLECTION:** Web Meetings of Child Care Policy Research Partnership - Participant Feedback

**PURPOSE:** The purpose of this voluntary collection is to solicit feedback from participants in the Child Care Policy Research Partnership monthly virtual web meetings. This feedback will help the government understand the grantees’ preferences and will be used to improve service delivery.

**DESCRIPTION OF RESPONDENTS:**

Respondents will be representatives from the eleven states and research organizations with Child Care Policy Research Partnership Grants who attended monthly virtual web meetings.

**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: Sarah Blankenship, Child Care Program Specialist, ACF Office of Planning, Research, and Evaluation

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

We plan to administer the poll up to three times over the course of 12 months. The list of topics provided in the survey document reflects the range of possible response options for the polls. We plan to offer between 5 and 9 response selections each time, with up to 4 new topics included in each poll. The new topics will be identified based on grantee feedback.

Category of Respondent	No. of Respondents	# of Responses per Respondent	Participation Time	Burden
3 - State/Territory Child Care Policy Research Partnership Team Members (State, local, or tribal government)	10	3	1 minute	.5 hours
2- State/Territory Child Care Policy Research Partnership Project Team Members (Private sector)	30	3	1 minute	1.5 hours
<b>Totals</b>	<b>40</b>	<b>3</b>	<b>1 minutes</b>	<b>2.0 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$600.

**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 universe of potential respondents is the list of state and research organization project team members who attended monthly web meetings. We will survey the full universe so do not have a sampling plan.

### **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
2. Will interviewers or facilitators be used? [ ] Yes [x] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**