

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

TITLE OF INFORMATION COLLECTION: ACF Office of Early Childhood Development Participant Feedback for Learning Experiences

PURPOSE: The proposed information collection activity is intended to allow for participant feedback regarding webinars and events held by ACF's Office of Early Childhood Development (ECD). ECD plans to host various national online and in-person learning experiences based on needs identified by the customers of ACF. The feedback received will allow ECD staff to understand the experience of participants with each learning experience so that they can make improvements to better serve ACF customers and meet their information needs.

The surveys will include feedback questions that are structured to be of shorter length (5 minutes to complete) after completion of individual online and in person learning experience.. Data will be used by ECD to make improvements to the future learning experiences through June 2024. They will not be used for evaluation purposes. Due to the varied structure of each learning experience for which feedback is needed, the information collection is designed to allow ECD staff to choose feedback questions tailored to the experience and reduce the potential burden on respondents of needing to answer identical questions for every instance, even when those questions may not be applicable. Tailored surveys will not exceed 5 minutes.

DESCRIPTION OF RESPONDENTS: Participants will include stakeholders (state and local human services agency staff, families, non-profit organization staff, or other public or private organization staff) who attend learning experiences offered by ECD.

TYPE OF COLLECTION:

- | | |
|--|--|
| <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 primary purpose of the results is not for public dissemination.
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 and affiliation: Rosie Gomez – Office of Early Childhood Development

To assist review, please provide answers to the following questions:

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

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Annual Burden Hours
Participant feedback survey	State/local governments/	1000 per year	1	5 minutes	83
Participant feedback survey	State and local community-based organizations	1000 per year	1	5 minutes	83
Participant feedback survey	Private foundations	500 per year	1	5 minutes	41
Participant feedback survey	Parents/families	300 per year	1	5 minutes	25
Totals					232

FEDERAL COST: The estimated annual cost to the Federal government is \$1,000.

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?

All learning experience participants will be offered the opportunity to complete feedback surveys on-line either at the end or upon completion of the learning experience.

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.