

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

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**TITLE OF INFORMATION COLLECTION:** Participant Feedback on Web Meetings for Community of Practice: Planning Research On Subsidy Payment Rates (PROSPR)

**PURPOSE:** The purpose of this voluntary collection is to solicit feedback from participants in monthly virtual web meetings held as part of an ongoing Community of Practice for the Planning Research On Subsidy Payment Rates (PROSPR) grant recipients. This feedback will help the Office of Planning, Research, and Evaluation (OPRE) understand the grant recipients’ preferences and will be used to improve service delivery.

**DESCRIPTION OF RESPONDENTS:** Respondents will be representatives from the Child Care and Development Fund (CCDF) lead agencies in states, territories, and tribes and the research organizations that have been awarded OPRE grants to conduct child care policy research and who attend monthly virtual web meetings as part of a Community of Practice.

**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: Ann Rivera, Senior Social Science Research Analyst; Office of Planning, Research, and Evaluation

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

The feedback survey included with this request includes a universe of possible questions. We will select no more than 4 questions from this set of questions for each survey administration. We will administer the survey up to six times over the course of 18 months.

| Information Collection | Category of Respondent  | No. of Respondents | No. of Responses per Respondent | Estimated Time per Response | Burden Hours   |
|------------------------|---|--------------------|---------------------------------|-----------------------------|----------------|
| Webinar poll           | 3-State/Territory Community of Practice Team Members (State, local, or tribal government representatives) | 20                 | 6                               | 2 minutes                   | 4 hours        |
| Webinar poll           | 2- State/Territory Community of Practice Project Team Members (Private sector)                            | 20                 | 6                               | 2 minutes                   | 4 hours        |
| <b>Totals</b>          |   | <b>40</b>          | <b>6</b>                        | <b>2 minutes</b>            | <b>8 hours</b> |

**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?

The universe of potential respondents is the CCDF lead agency and research organization project team members who are in attendance at the monthly web meeting at which the poll is conducted. We will survey the full universe and thus do not have a sampling plan.

### 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.**