

# 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 to improve the implementation of early childhood programs

**PURPOSE:** The proposed information collection activity is intended to allow for participant feedback from early childhood program stakeholders, to understand their experiences and make improvements, as appropriate. The Office of Early Childhood Development (ECD) plans to host national online and in-person events with a variety of non-federal stakeholders regarding the implementation of early childhood programs. During these events, ECD would like to request feedback to provide ECD staff with information about participants’ experiences with early childhood programs and feedback on the events themselves. Feedback will be used to make improvements in the implementation of early childhood programs and to improve future events. They will not be used for evaluation purposes. Overall, the goal is to better serve ACF customers and meet their information needs.

Events will be hosted on a regular basis through June 2024. ECD will select feedback questions from a bank of potential questions (see Attachment A). The specific questions will be chosen based on the topic of the event. Each tailored set of questions will be administered after completion of an individual online or in-person stakeholder event. Tailored surveys will not exceed 10 minutes.

**DESCRIPTION OF RESPONDENTS:** Participants will include various stakeholders (state and local human services agency staff, families, non-profit organization staff, or other public or private organization staff) who attend events 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, Senior Program Specialist, ACF 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**

Between now and June 2024, ECD plans to host 20-30 stakeholder events with an estimated number of participants to include 500 per event

Information Collection	Category of Respondent	Total No. of Respondents	Average Annual # of respondent	No. of Responses per Respondent	Estimated Time per Response	Annual Burden Hours
Participant feedback survey	State/local government s/	500	250	1	10 minutes	42
Participant feedback survey	State and local community-based organizations	500	250	1	10 minutes	42
Participant feedback survey	Private foundations	250	125	1	10 minutes	21
Participant feedback survey	Parents/families	150	75	1	10 minutes	13
Totals:		1,400	700	1	10 minutes	117 hours

**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.**