

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

TITLE OF INFORMATION COLLECTION: Participant Feedback on Format for Annual Meeting of the Child Care and Development Block Grant Implementation Research and Evaluation Grant Recipients

PURPOSE: The purpose of this voluntary collection is to solicit feedback from participants of the ongoing Community of Practice for the Child Care and Development Block Grant (CCDBG) Implementation Research and Evaluation grant recipients to plan for a hybrid or virtual annual meeting. This feedback will help the Office of Planning, Research, and Evaluation (OPRE) understand the grant recipients’ preferences and will be used to inform the planning for the meeting.

DESCRIPTION OF RESPONDENTS: Respondents will be representatives from the Child Care and Development Fund (CCDF) lead agencies in states, territories, and tribes that have been awarded OPRE grants to conduct child care policy research – and their partner research organizations – who participate in the Community of Practice.

TYPE OF COLLECTION:

- | | |
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| <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: Alysia Blandon, 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 plan to administer the survey once.

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
Poll	State/Territory Community of Practice Team Members (State, local, or tribal government representatives)	10	1	3 minutes	.3 hours
Poll	State/Territory Community of Practice Project Team Members (Private sector)	6	1	3 minutes	.5 hours
Totals		16	1	3 minutes	.8 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?

The universe of potential respondents is the CCDF lead agency and research organization project team members who participate in the community of practice. 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.