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 In-Person/Hybrid Meeting for Community of Practice: Planning Research On Subsidy Payment Rates (PROSPR)

PURPOSE: The purpose of this voluntary collection is to solicit feedback from participants of the ongoing Community of Practice for the Planning Research On Subsidy Payment Rates (PROSPR) to plan for a hybrid and in-person meeting. This feedback will help the Office of Planning, Research, and Evaluation (OPRE) understand the grant recipients' preferences and will be used to ensure the future meeting meets the needs of the Community of Practice.

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 participate in the Community of Practice.

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[] Customer Comment Card/Complaint Form	[X] Customer Satisfaction Survey
[] Usability Testing (e.g., Website or Software	[] Small Discussion Group
[] Focus Group	[] Other:
[] Tocus Group	[] 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The primary purpose of the results is <u>not</u> for public dissemination.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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; OPRE

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

Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? [] Yes [X] 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 [X] No

BURDEN HOURS

The feedback survey included with this request includes a universe of possible questions. We will administer the survey up to two times over the course of 9 months.

Information	Category of Respondent	No. of	No. of	Estimated	Burden
Collection		Respondents	Responses per	Time per	Hours
			Respondent	Response	
Webinar poll	3-State/Territory Community				
	of Practice Team Members 20 2		2	4 minutes	2.67
	(State, local, or tribal	20	2	4 illillutes	hours
	government representatives)				
Webinar poll	2- State/Territory Community				2.67
	of Practice Project Team	20	2	4 minutes	_ ' -
	Members (Private sector)				hours
	Totals	40	2	4 minutes	5.34
	Totals	40		4 minutes	hours

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 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)
	[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.