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

TITLE OF INFORMATION COLLECTION: CSRE Feedback from Grant Participants

PURPOSE: The purpose of this voluntary information collection is to solicit feedback from participants of monthly web meetings, annual hybrid meetings, and other occasional virtual meetings run by the Center to Support Research and Evaluation Capacity of CCDF Lead Agencies (CSRE). The participants are ACF grant team members participating in one or more Communities of Practice (CoPs) aiming to support cross-project support and collaboration. Participant feedback will be collected during or between grantee meetings through a Zoom poll, a link to an online survey, or group discussion. This feedback will help the government understand the grant recipients' experiences and preferences and will be used to improve future meetings and other supports for these grant recipients.

DESCRIPTION OF RESPONDENTS: Respondents will be representatives from the states and research organizations with OPRE-funded grants who attend monthly virtual web meetings as part of a Community of Practice run by the Center to Support Research and Evaluation Capacity of CCDF Lead Agencies (CSRE).

TYPE OF COLLECTION:

[ ] Customer Comment Card/Complaint Form   [X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software   [X] Small Discussion Group
[ ] Focus 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.

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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 [X] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [X] 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
Note: The feedback form included with this request includes a universe of possible questions. The feedback form will be administered up to 16 times across 24 months, and each time it will be to a different group of approximately 36 people, as reflected in the table below. However, the 36 people will be drawn from 3-4 different Communities of Practice, and so no one person will respond more than 4-8 times across the 24 months.

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
CSRE Feedback from Grant Participants	State/Territory Child Care Policy Research Partnership Team Members (State, local, or tribal government)	6	16	.083 hrs (5 minutes)	8 hours
CSRE Feedback from Grant Participants	State/Territory Child Care Policy Research Partnership Project Team Members (Private sector)	30	16	.083 hrs (5 minutes	40 hours
Totals		**36**			**48 hours**

FEDERAL COST: The estimated annual cost to the Federal government is ___$7,500___

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 list of state and research organization project team members who are part of the Community of Practice which is targeted by the feedback form. We will survey the full universe so 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

      [x] In-person
      [ ] Mail
      [ ] Other, Explain

2. Will interviewers or facilitators be used? [X] Yes [] No

    For most administrations, it will be a zoom poll or web link, but we will use facilitators when we ask questions during group discussions.

Please make sure that all instruments, instructions, and scripts are submitted with the request.