

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

TITLE OF INFORMATION COLLECTION: Child Care Policy Research Partnership 2019 Cohort Community of Practice - Participant Feedback

PURPOSE: The purpose of this voluntary information collection is to solicit feedback from participants in monthly virtual web meetings. These meetings are held as part of a Community of Practice for the 2019 cohort of the Child Care Policy Research Partnership (CCPRP) grant recipients. This feedback will help the government understand the grantees’ experiences and preferences and will be used to improve future Community of Practice sessions.

DESCRIPTION OF RESPONDENTS: Respondents will be representatives from the states and research organizations with Office of Planning, Research, and Evaluation (OPRE)-funded 2019 CCPRP grants who attend monthly virtual web meetings as part of a Community of Practice.

TYPE OF COLLECTION:

☐ Customer Comment Card/Complaint Form	☒ Customer Satisfaction Survey
☐ Usability Testing (e.g., Website or Software)	☐ 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 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: Sarah Blankenship, Child Care Program Specialist, ACF OPRE

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

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
CCPRP 2019 Cohort Community of Practice Feedback Survey	State/Territory Child Care Policy Research Partnership Team Members (State, local, or tribal government)	8	1	5 minutes	.67 hours
CCPRP 2019 Cohort Community of Practice Feedback Survey	State/Territory Child Care Policy Research Partnership Project Team Members (Private sector)	32	1	5 minutes	2.67 hours
Totals		40	1	5 minutes	3.33 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$1500

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 list of state and research organization project team members who are in attendance at the monthly web meeting at which the poll is held. 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)
- ☒ 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.