

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 Web Meetings for Community of Practice: 2022 Child Care Policy Research Partnerships (CCPRP-2022)

PURPOSE: The purpose of this voluntary collection is to solicit feedback from participants in monthly virtual web meetings held as part of an ongoing Community of Practice for the 2022 Child Care Policy Research Partnerships (CCPRP-2022) grant recipients. This feedback will help the Office of Planning, Research, and Evaluation (OPRE) understand the grant recipients’ preferences and will be used to improve service delivery.

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 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.

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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 ☒ 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 will select no more than 4 questions from this set of questions for each survey administration. We will administer the survey up to 12 times over the course of 24 months.

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
Webinar poll	State/Territory Community of Practice Team Members (State, local, or tribal government representatives)	18	12	2 minutes	7.2 hours
Webinar poll	State/Territory Community of Practice Project Team Members (Private sector)	18	12	2 minutes	7.2 hours
Totals		36	24	2 minutes	14.4

FEDERAL COST: The estimated annual cost to the Federal government is \$1,800

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 are in attendance at the monthly web meeting who regularly 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.