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

**TITLE OF INFORMATION COLLECTION:** Feedback from Grant Participants at Child Care and Development Fund Lead Agencies Meetings

**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

### Child Care and Development Fund (CCDF) Lead Agencies (CSRE). CSRE is funded by the Administration for Children and Families (ACF) Office of Planning, Research, and Evaluation to build research and evaluation capacity in the child care policy field by facilitating information sharing, learning, and collaboration across ACF-sponsored research partnerships funded by OPRE. 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 a paper form (when the meeting is held in-person). This feedback will help ACF 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 CoP run by the 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 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; 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 [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**

*Note: This request includes two surveys. One will be fielded with participants in any of the CoPs that CSRE supports (See Attachment A). This feedback form includes a universe of possible meeting feedback questions that will be administered up to 4 times across 24 months. The second survey will be fielded once with FY19 grant recipients at the Annual CSRE Meeting.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Information Collection** | **Category of Respondent** | **No. of Respondents** | **No. of Responses per Respondent** | **Estimated Time per Response** | **Burden Hours** |
| Attachment A: CSRE Feedback from Grant Participants | State/Territory Child Care Policy Research Partnership Team Members (State, local, or tribal government) | 12 | 4 | 5 minutes | 4 hours |
| State/Territory Child Care Policy Research Partnership Project Team Members (Private sector) | 60 | 4 | 5 minutes | 20 hours |
| Attachment B: CSRE Feedback from Grant Participants – FY 19 | State/Territory Child Care Policy Research Partnership Team Members (State, local, or tribal government) | 6 | 1 | 5 minutes | .5 hours |
| State/Territory Child Care Policy Research Partnership Project Team Members (Private sector) | 48 | 1 | 5 minutes | 4 hours |
| **Totals** |  | **126** |  | 5 minutes | **28.5 hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_$3,750\_\_

**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 CoP 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

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

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