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

**TITLE OF INFORMATION COLLECTION:** Center to Support Research and Evaluation Capacity of CCDF Lead Agencies (CSRE) Feedback from Grant Participants

**PURPOSE:** The purpose of this voluntary information collection is to solicit feedback from participants of Community of Practice (CoP) meetings run by the Center to Support Research and Evaluation Capacity of CCDF Lead Agencies (CSRE). The CSRE manages separate CoPs for several OPRE grant programs. Each CoP is tailored to support grant recipients in meeting the goals of their individual grant programs. CoPs are attended by members of each grant team, including members of the research organization and state/territory/tribal staff. Participant feedback will be collected during or after a CoP meeting with a link to an online survey. This feedback will help the CSRE 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. Some respondents are part of multiple CoPs and, therefore, may be asked to provide responses for each CoP.

**TYPE OF COLLECTION:**

[ ] Customer Comment Card/Complaint Form [X] 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 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: The feedback form included with this request includes a universe of possible meeting evaluation questions.* *The feedback form will be administered up to 2 times across 6 months. Respondents for each administration will be drawn from separate CoPs. As noted above, some individuals are participants in more than one CoP and, therefore, may be asked to provide separate responses to inform planning for each CoP. No one person will respond more than 2 times.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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) | 14 | 2 | 5 minutes | 2 hours |
| CSRE Feedback from Grant Participants | State/Territory Child Care Policy Research Partnership Project Team Members (Private sector) | 53 | 2 | 5 minutes | 9 hours |
| **Totals** | | **67** | 2 | 5 minutes | **11**  **hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_$1,745\_\_

**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

[ ] In-person

[ ] Mail

[ ] Other, Explain

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

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

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