

**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 Partnerships (CCPRP-2019) Community of Practice (CoP) No-Cost Extension Year Evaluation

PURPOSE AND USE: 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 participants are ACF grant team members participating in the CoP which aims to support cross-project collaborations and advance research evidence. Participant feedback will be collected during or after a CoP meeting with a link to an online survey. It will be used to inform the planning of other CoPs sponsored by the Office of Planning, Research, and Evaluation (OPRE).

DESCRIPTION OF RESPONDENTS: Respondents will be representatives from state and research organizations with OPRE- funded grants who participate in Child Care Policy Research Partnerships (CCPRP-2019) CoP meetings run by CSRE.

TYPE OF COLLECTION:

<input type="checkbox"/> Customer Comment Card/Complaint Form	<input checked="" type="checkbox"/> Customer Satisfaction Survey
<input type="checkbox"/> Usability Testing (e.g., Website or Software	<input type="checkbox"/> Small Discussion Group
<input type="checkbox"/> Focus Group	<input type="checkbox"/> 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 ☒ 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

Tokens of Appreciation or Honoraria:

Will a **token of** appreciation or honoraria be 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 CoP No-Cost Extension Year Evaluation	State/Territory Child Care Policy Research Partnership Team Members (State, local, or tribal government)	5	1	5 minutes	0.42
CCPRP-2019 CoP No-Cost Extension Year Evaluation	State/Territory Child Care Policy Research Partnership Project Team Members (private sector)	21	1	5 minutes	1.75
Totals		26			2.17

FEDERAL COST: The estimated annual cost to the Federal government is \$1000.

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 state/tribal and research organization project team members who participate in the Community of Practice. 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