

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

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**TITLE OF INFORMATION COLLECTION:** Child Care and Development Fund Lead Agency Data and Research Capacity Meeting Evaluation

**PURPOSE AND USE:** The purpose of this voluntary information collection is to solicit feedback from participants in kickoff and/or annual meetings run by the Center to Support Research and Evaluation Capacity of Child Care and Development Fund (CCDF) Lead Agencies (CSRE). The participants are grant team members who received cooperative agreements from the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF) and are participating in the CCDF Lead Agency Data and Research Capacity (DRC) Community of Practice (CoP) aiming to support cross-project support and collaboration.

Participant feedback will be collected during or following annual meetings through a link to an online survey, with the option of using a paper form when the meeting is held in-person. The first meeting will be a kickoff meeting held December 10, 2024; we anticipate administering the same form after a second meeting, held before March 31, 2026. This feedback will help the government understand the partnership teams’ 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 cooperative agreements who attend monthly meetings as part of a CoP run by the 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: Krystal Bichay-Awadalla, Social Science Research Analyst, 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      |
|-------------------------|----------------------------------------------------------------------------------------------------------|--------------------|---------------------------------|-----------------------------|-------------------|
| Meeting Evaluation Form | State/Territory Child Care Policy Research Partnership Team Members (State, local, or tribal government) | 10                 | 2                               | 5 minutes                   | 1.67 hours        |
|                         | State/Territory Child Care Policy Research Partnership Project Team Members (Private sector)             | 10                 | 2                               | 5 minutes                   | 1.67 hours        |
| <b>Totals</b>           |                                                                                                          | <b>20</b>          | <b>2</b>                        | <b>5 minutes</b>            | <b>3.34 hours</b> |

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,500.

**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 part of the Community of Practice and attend the two annual meetings. We will survey the full universe so we 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