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

TITLE OF INFORMATION COLLECTION: Feedback on the Office of Child Care's Infant/Toddler Child Care Community of Practice Gathering.

PURPOSE AND USE: The Office of Child Care (OCC) will host a meeting for grantees focused on infant and toddler child care. The purpose of the meeting is to share successful and innovative strategies to increase the supply and quality of infant/toddler child care and to leverage opportunities to coordinate services for young children.

We propose to collect feedback from participants in OCC's Infant/Toddler Child Care Institute to improve our technical assistance services.

DESCRIPTION OF RESPONDENTS: Respondents will be CCDF lead agency staff and their partners who attend the Infant/Toddler Child Care Institute.

TYPE OF COLLECTION:

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software
[ ] Focus Group
[X] Customer Satisfaction Survey
[ ] Small Discussion 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: Angelica Montoya-Avila, Child Care Program Specialist, Office of Child Care

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

Tokens of Appreciation or Honoraria:

Will a token of appreciation or honoraria be provided to participants? [ ] Yes [X] No

BURDEN HOURS

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
OCC Infant/Toddler Child Care Community of Practice Gathering Feedback Form	Private Sector (including TA contractors)	5	1	5 minutes	0.4 hours
	State, local, or tribal governments	75	1	5 minutes	6.25 hours
	Totals	**Up to 80**			**6.65 hours**

FEDERAL COST: The estimated annual cost to the Federal government is $492.

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.

We will send the survey to all who attend the meeting. Survey completion is optional. We expect about 80 attendees.

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

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