

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0923-0047)**

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**TITLE OF INFORMATION COLLECTION:** Choose Safe Places for Early Care and Education Survey

**PURPOSE:** The purpose of the survey is to collect feedback from Agency for Toxic Substances and Disease Registry’s (ATSDR’s) cooperative agreement partners on: 1) the utility of resources provided over the past year relating to creation of Choose Safe Places for Early Care and Education (CSPECE) programs and 2) the need for specific resources for the upcoming year. CSPECE is a new initiative for cooperative agreement partners centered on safely siting childcare centers to prevent exposures to toxic substances. It is essential that we survey cooperative agreement partners to understand the utility of previous resources and need for additional resources to provide relevant resources that best address identified needs. Data will be collected through Survey Monkey using Attachment B and Attachment C.

**DESCRIPTION OF RESPONDENTS:** ATSDR Cooperative Agreement partner staff.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <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 results are not intended to be disseminated to the public.
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: \_\_\_\_\_

To assist review, please provide answers to the following question:

### **Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? ☐ Yes ☒ No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? ☐ Yes ☐ No
3. If Applicable, has a System or Records Notice been published? ☐ Yes ☐ No

### **Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ☐ Yes ☒ No

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
State, local, or tribal governments	25	10/60	4
Totals	25	10/60	4

**COST TO RESPONDERS:** The estimated annual cost to responders is \$133.48. (Based on Environmental Health Scientist job position retrieved from [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm) at a rate of \$33.37/hour).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$6,400. (Based on 0.05 FTE).

**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?  

☒ 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?

ATSDR maintains a mailing list of cooperative agreement partners from state health organizations/agencies. All staff on the cooperative agreement team and their associated official email address are included in this mailing list. All partners are required to develop a CSPECE as part of their existing Notice of Funding Opportunity (NOFO).

Based on the above mailing list, the Primary Investigator from each state will be invited to participate via email (Attachment A).

### 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

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

- 1) AttA Email Invitation for CSPECE
- 2) AttB CSPECE Survey (screenshots)
- 3) AttC CSPECE Survey (text)