

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

---

**TITLE OF INFORMATION COLLECTION:** State Capacity Building Center Tailored TA State Systems Specialist Network Feedback Collection

### **PURPOSE:**

The ACF Office of Child Care is seeking approval to collect feedback from users of certain *tailored* technical assistance services provided by the State Systems Specialist Network of the State Capacity Building Center in order to learn if these services are useful and how they can be improved. *Tailored* technical assistance is one type of technical assistance provided by the State Capacity Building Center (SCBC). The information gathered will be used to planning and improvement of future technical assistance by the Office of Child Care.

The Child Care State Capacity Building Center (SCBC) is funded by the Office of Child Care to provide evidence-informed training and technical assistance services for State and Territorial public child care agencies and their partners. The SCBC has three teams—1) State Systems Specialist Network (SSS Network), 2) Infant Toddler Specialist Network (ITS Network), and 3) Intensive Capacity Building Network (ICB Network)--each of whom focuses on different areas, deploys a variety of technical assistance strategies, and works with a wide and differing variety of state staff and their partners.

- **State Systems Specialist Network.** The audience for the State Systems Specialist Network includes state Child Care and Development Fund (CCDF) administrators and their state staff and partners.
- **Infant Toddler Specialist Network.** The audience for the Infant Toddler Specialist Network are individuals working in states (in state government as well as their partners) on infant toddler services.
- **Intensive Capacity Building Network.** The Intensive Capacity Building Network provides intensive (by scope and duration) tailored technical assistance through long-term (24 to 48 months) consultation to 9 states and territories who applied to participate in this work, known as the Impact Project.

Under this generic clearance, the Office of Child Care seeks feedback from recipients of specified tailored technical assistance provided by the SSS Network on topics that are exclusive to the SSS Network and to the staff that work on these issues.

The SCBC staff tracks the tailored technical assistance it provides in an administrative data base. It will use this information to determine when the technical assistance activity is eligible to be included in the annual survey. Completed survey information will be reviewed by the SCBC evaluation team and the SCBC leadership team to identify areas of strength and weakness to develop recommendations to improve the provision of technical assistance services.

Overall, the survey information will be used to improve technical assistance services to best meet the needs of users.

### **DESCRIPTION OF RESPONDENTS:**

Respondents will be the lead individual(s) who received tailored technical assistance provided by the SSS Network. If there is a co-lead noted in the administrative data base that is used to identify the recipient, this person will also be included in the survey. If the lead or co-lead is also the CCDF administrator for the state, the survey will not be administered since the CCDF administrator is receiving a separate annual survey.

We note that the individuals who will receive this survey include state government staff (who are ACF grantees) as well as staff of state partners. State partner organizations include non-profit organizations who provide professional development, technical assistance, and other services in support of child care, and child care programs.

**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: Patricia Haley

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, 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  No

**BURDEN HOURS**

| Category of | No. of | Participation | Frequency of | Burden |
|-------------|--------|---------------|--------------|--------|
|-------------|--------|---------------|--------------|--------|

| Respondent | Respondents | Time      | Data Collection |           |
|------------|-------------|-----------|-----------------|-----------|
| Individual | 40          | 8 minutes | 1               | 5.3 hours |

**FEDERAL COST:** The estimated annual cost to the Federal government is \$337.65. This includes staff of the State Capacity Building Center to provide the survey once annually, analyze responses and prepare a report.

**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?

The State Capacity Building Center staff provides tailored technical assistance to states based upon federally approved T.A. plans. No more than two states from each of the federal regions will be selected to participate in the annual survey based on the provision of tailored SCBC services by the SSS Network. These states will be randomly selected. However, in order for a state to be considered, the lead state recipient of the technical assistance survey must NOT be the state CCDF administrator and the state must NOT be participating in the Impact Project. If a state was provided with more than one tailored technical assistance service by the SSS Network, there will be further randomization to select the service for the survey. The survey is anonymous and the participant list will not be linked in any way to individual survey responses.

**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.**

**Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of Respondents.

**Participation Time:** Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of Respondents and the Participation Time then divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**

**Attachments: OCC OMB GC Request – SCBC Task 4 State TA – April 2017 Tool**