

## **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 Feedback Collection for Impact Project

### **PURPOSE:**

The ACF Office of Child Care is seeking approval to collect feedback from key state staff involved with the Impact Project, an innovative, new tailored technical assistance service of the State Capacity Building Center, in order to learn whether the services are responsive and how they can be improved.

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.

- **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 new service, known as the Impact Project.
- **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).

Under this generic clearance request, the Office of Child Care seeks feedback from the key staff involved in the Impact Project for each of the participating states. This survey is designed to gather information from them on the progress of the work, including the responsiveness, quality, and coordination provided by the ICB Network staff working with each state on its Impact Project.

Completed survey information will be reviewed by the ICB Network, the SCBC evaluation team and the SCBC leadership team to identify areas of strength and weakness to develop recommendations to improve the work.

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

### **DESCRIPTION OF RESPONDENTS:**

Respondents will be the leads for the 9 states and territories that participate in the Impact Project.

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

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software)
- Focus Group
- 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 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 Respondent	No. of Respondents	Participation Time	Frequency of Data Collection	Burden
Individuals	18	30 minutes	2	18 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$270.12. This includes staff of the State Capacity Building Center reaching out semi-annually to the Impact Project leads, analyzing responses and preparing a semi-annual 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?  
[ 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?

The State Capacity Building Center staff provides tailored technical assistance to states through the Impact Project and maintains information about the participants including the leads for each Impact Project. The participant list will not be linked to individual survey responses in any way.

**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

**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 Impact – April 2017 Tool**