

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 Infant Toddler Specialist Network Training for Trainers (TFT) Collection

PURPOSE:

The ACF Office of Child Care is seeking approval to collect feedback from users of *targeted* technical assistance in order to learn if the targeted technical assistance in which they are participating is useful and how they it can be improved. *Targeted* technical assistance is one type of technical assistance offered by the State Capacity Building Center. *Targeted* technical assistance involves customized group presentations and training, peer learning groups, and webinars. The information gathered will be used to inform planning and improvement of future targeted 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) whose focus is 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 request, the Office of Child Care seeks feedback from recipients of all *targeted* technical assistance provided through the Infant Toddler Specialist Training for Trainers, which is a form of targeted technical assistance that are offered by the SCBC and are covered by this survey. This is a priority service for the Infant Toddler Specialists and a critical method by which they are fulfilling their responsibilities.

The SCBC staff tracks all of the *targeted* technical assistance it provides and uses this information to reach out to and survey users of the services. 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 specialized resources.

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

DESCRIPTION OF RESPONDENTS:

Respondents will be individuals who received *targeted* technical assistance through participation in Training for Trainers. These individuals 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. Participants of Training for Trainers will be surveyed three times at different intervals of time. Individuals will be surveyed immediately after the initial Training of Trainers targeted technical assistance event, participants will be survey again three to six months after the initial event. Once the technical assistance requests concludes staff will conduct short confidential phone interviews with key respondents.

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	No. of	Participation	Frequency of Data Collection	Burden
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Respondent	Respondents	Time		
Individuals	75	8 minutes (feedback form)	1	10 hours
Individuals	75	8 minutes (feedback form)	1	10 hours
Individuals	30	30 minutes (interview)	1	15 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$4727.60. This includes staff of the State Capacity Building Center reaching out to the recipients three times—once right after the training, several months later after the trainers who were trained have started using the new information and expertise, and then a follow up brief interview several months after that. This is appropriate given the important priority for this service as part of the SCBC’s work to focus on infant toddler issues. Those trained are themselves trainers who are using the information and knowledge gained to reach many others in their states and communities.

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 universe of potential respondents consists of staff and partners of state and territory CCDF agencies that receive *targeted* technical assistance through Training for Trainers. This is a voluntary survey.

For all targeted technical assistance, the survey will be 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.

