

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

TITLE OF INFORMATION COLLECTION: Maternal, Infant, and Early Childhood Home Visiting All Grantee & Tribal Regional Meetings Feedback Tools

PURPOSE:

The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), requests approval to collect feedback related to the Annual Maternal, Infant, and Early Childhood Home Visiting (MIECHV) All Grantee Meeting (AGM) and two regional meetings for Tribal MIECHV grantees.

MIECHV AGM

The MIECHV AGM is a joint effort between the Health Resources Services Administration (HRSA), which manages the State/Territory MIECHV program, and ACF, which manages the Tribal MIECHV program. The purpose of the MIECHV AGM is to enhance grantee abilities to successfully meet the goals, objectives, and requirements of this grant program as outlined in the authorizing legislation. The MIECHV AGM provides all MIECHV grantees with technical assistance, peer sharing, and capacity and skill building opportunities. This generic clearance will allow ACF to receive feedback from meeting attendees to assess the quality of trainings and content provided during the meetings. Feedback data will assist ACF with planning and improving the quality of the MIECHV AGM’s in subsequent years.

Tribal Regional Meetings

The Tribal MIECHV regional meetings provide an opportunity for grantees to receive intensive technical assistance on the program requirements of their grants through skill and capacity building from federal staff, technical assistance providers, and other appointed experts. Attendance at the Tribal MIECHV regional meetings is clearly stated as a requirement and condition of the grant award (cooperative agreement) for all Tribal MIECHV grantees managed by the ACF Office of Child Care. ACF will host up to two regional meetings every 12 months in order to allow all grantees an opportunity to participate. This generic clearance will allow ACF to assess the quality of TA that is administered at these regional meetings, for future planning purposes and to identify program areas where grantees may need additional support.

ACF proposes using two feedback surveys for the AGM. They will consist of an overall feedback survey and an individual session survey. Similarly, the regional meetings will also consist of an overall feedback survey and an individual session survey. These information collections are not highly systematic or intended to be statistically representative or otherwise generalizable.

Data collection will be conducted through a contract with the TA provider Programmatic Assistance for Tribal Home Visiting (PATH) funded by ACF, and overseen by the Office of Child Care, Tribal MIECHV program.

DESCRIPTION OF RESPONDENTS:

1. AGM participants include state and territory grantees who implement state-level/territory level home visiting systems and sub-contract with local implementing agencies to deliver home visiting within local communities. Tribal grantees who attend the AGM directly implement home visiting within local tribal communities. Specific target sub-audiences within this population include:

- Program Lead/Director/Coordinators
- Data/Evaluation Staff
- Program Staff/Consultants
- Grants Management/Fiscal Staff
- Home Visitors
- Comprehensive Early Childhood Coordinating System Coordinator Staff
- Federal Staff from ACF and HRSA
- TA Providers

2. Tribal regional meeting participants only includes Tribes and/or tribal organizations that receive Tribal MIECHV grants from ACF to implement evidence-based home visiting programs within their local communities. Specific target sub-audiences within this population include:

- Program Lead/Director/Coordinators
- Data/Evaluation Staff
- Program Staff/Consultants
- Grants Management/Fiscal Staff
- Home Visitors
- Federal Staff from ACF
- TA Providers

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: Anne Bergan, Senior Policy Analyst, Office of Child Care, Administration for Children and Families

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

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

Gifts or Payments:

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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Annual Burden
Individuals: Individual session feedback forms	1100	.1 (6 minutes)	110
Individuals: Overall meeting feedback forms	350	.1 (6 minutes)	35
Totals	1450	.1 (6 minutes)	145

FEDERAL COST: The estimated annual cost to the Federal government is \$1,700 in contract support to collect and calculate findings and then submit these findings to the 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

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 [X] 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?

PATH will not utilize a sampling plan. A detailed registrant list is used to track the number of participants registered for the AGMs and tribal regional meetings annually. All registered participants are potential respondents for completing the feedback survey and are provided the opportunity to complete the overall and applicable individual feedback surveys.

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
[X] 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 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 responses and the participation time and 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.

