

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 (MIECHV) TA Satisfaction Survey

PURPOSE:

To collect feedback from Maternal, Infant, and Early Childhood Home Visiting (MIECHV) awardees who received technical assistance related to evaluation through the Design Options for Home Visiting Evaluation 2 (DOHVE 2) contract. The DOHVE project provides support and technical assistance to MIECHV awardees around planning and implementing evaluations, and data collaboration. Feedback will be elicited from awardees after each technical assistance episode and will be used to improve and tailor future TA provision.

DESCRIPTION OF RESPONDENTS:

The respondents are members of MIECHV grantee teams who have just completed a technical assistance episode. The respondents fill various roles on the state teams including state program directors, other state program staff, and evaluators.

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: Nicole Denmark

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 [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time (minutes)	Burden Hours
Grantee participants across various state roles and evaluators	150	10	25
Totals	150	10	25

FEDERAL COST: The estimated annual cost to the Federal government is \$900

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?

The 100 respondents are the total number of grantee participants who have received technical assistance who have attended one or more practicum sessions.

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.