

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) All Grantee Meeting (AGM) & Tribal Regional Meetings Feedback Surveys

PURPOSE:

The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), proposes to collect feedback related to the in-person and virtual Annual MIECHV) All Grantee Meeting (AGM) and two annual regional meetings for just the Tribal MIECHV (TMIECHV) grantees.

The goal is to obtain information about grantee and stakeholder satisfaction and outcomes to inform the planning for provision of training and TA delivered through both the annual AGM and TMIECHV regional meetings. These feedback surveys were previously approved under OMB Control No.: 0970-0401 and have since been updated.

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 (TMIECHV) program. The purpose of the MIECHV AGM is to enhance grantee abilities to successfully meet these grant program goals, objectives, and requirements outlined in the authorizing legislation. The MIECHV AGM provides all MIECHV attendees with TA, 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 training and content provided during the meetings. Feedback data will assist ACF with planning and improving the MIECHV AGM's quality in subsequent years.

The two TMIECHV regional meetings is a requirement and condition of the grant award (cooperative agreement) and provide an opportunity for grantees to receive intensive TA on the program requirements of their grants through skill and capacity building from Federal staff, TA providers, and other appointed experts. ACF hosts up to two regional meetings every 12 months to allow all grantees an opportunity to participate. The generic clearance allows ACF to assess the quality of TA administered at these regional meetings for future planning purposes and to identify program areas where grantees may need additional support.

The following surveys are included with this submission:

- Appendix A: AGM Overall Meeting Feedback Form
- Appendix B: AGM Individual Session Feedback Form
- Appendix C: Virtual AGM Overall Meeting Feedback Form
- Appendix D: Virtual AGM Individual Session Feedback Form
- Appendix E: Tribal Regional Overall Meeting Feedback Form
- Appendix F: Tribal Regional Meeting Individual Session Feedback Form
- Appendix G: Virtual Tribal Regional Overall Meeting Feedback Form
- Appendix H: Virtual Tribal Regional Individual Session Feedback Form

DESCRIPTION OF RESPONDENTS:

1. AGM participants include state and territory grantees who implement state/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 include Tribes and/or tribal organizations that receive TMIECHV 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 to substantially inform 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.

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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	Burden
Individuals: Individual session feedback forms	1100	.1 (6 minutes)	110
Individuals: Overall meeting feedback forms	600	.1 (6 minutes)	60
Totals	1100		170

FEDERAL COST: The estimated annual cost to the Federal government is \$9,867.80.

Type of Cost	Description of Services	Annual Cost
ACF-PATH Meeting Feedback Forms	Modifications, maintenance, data cleaning and aggregation of the feedback forms.	\$7,952.80
Government Program Analyst (25 hours annually)	Project management and oversight, and consultation.	\$1,915.00
Total Estimated Annual Cost		\$9,867.80

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

We will not utilize a sampling plan. 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)
 - 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.

