

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 Feedback Collection for Individualized Technical Assistance

PURPOSE: The Administration for Children and Families (ACF) Office of Child Care (OCC) is seeking approval to collect feedback from recipients of Individualized Technical Assistance offered by the Child Care State Capacity Building Center (SCBC) to understand if participation in current training and technical assistance (T/TA) is useful and how it can be improved. The information gathered will be used to inform planning and improvement of future assistance/TA by OCC.

The SCBC is funded by OCC to provide evidence-informed T/TA services for State and Territorial public child care agencies and their partners. 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 its services.

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

DESCRIPTION OF RESPONDENTS: Respondents will be individuals who received Individualized Technical Assistance. These individuals include state and tribal government staff (who are ACF grantees) and staff of state and tribal 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.

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: Patricia Haley, Management and Program Analyst, ACF Office of Child Care

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 and State, local or tribal government	72	15 minutes	2x year except for special projects/emergency preparedness TA, 1x year	18 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$3697.92. This includes staff of the State Capacity Building Center reaching out to the recipients 2 times a year during the provision of the individualized technical assistance services that are included in this survey, analyzing responses and preparing a report, with one time only for recipients of Special Projects/Emergency Preparedness individualized assistance. The assumption is that there are 26 states participating with one representative per state surveyed twice a year and 20 states participating with one representative surveyed once a year.

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 Individualized Technical Assistance provided by the State Capacity Building Centers. This is a voluntary survey. The survey will be anonymous and the participant list will not be linked 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