

**Request for approval under the clearance of the “Generic Performance Progress Report” OMB control Number: 0970-0490**

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**TITLE OF INFORMATION COLLECTION:** Tribal Maternal, Infant, and Early Childhood Home Visiting Program Form 4: Quarterly Performance Reporting Form

**PURPOSE:** The Administration for Children and Families (ACF) is seeking approval under the Generic for Performance Progress Reports (PPR) for a form that is used to collect quarterly data from Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grantees. The Quarterly Performance Reporting Form (Attachment 1) is made up of 5 categories of data – program capacity, place-based services, family engagement, staff recruitment and retention and staff vacancies. This form is used by Tribal MIECHV grantees that receive grants under the Tribal MIECHV program administered by ACF. The information provided is used by ACF to determine the caseload capacity grantees are achieving, where services are being delivered, the retention and attrition of enrolled families, and the retention and attrition of program staff on a quarterly basis. The objectives for this data collection activity is to provide ACF with timely updates to service utilization and performance data variables that have the potential to change on a frequent basis. ACF will use this information to assist in grants monitoring activities and to target technical assistance resources to underperforming grantees.

This instrument is currently approved under OMB# 0970-0525 (expiration date 3/31/2021). Since the purpose and use of the form aligns with the overarching purpose and use outlined in the Generic PPR (OMB # 0970-0490), ACF is requesting to move the form under this OMB #.

There are no changes proposed to the currently approved form and there have only been minor changes to the terms and definitions appendix.

**DESCRIPTION OF RESPONDENTS:** Tribal MIECHV grantees. Examples of a respondent may be a grantee program manager, data manager or supervisor.

**CERTIFICATION:**

I certify the following to be true:

1. The collection is in compliance with HHS regulations.
2. The collection is non-controversial and does not raise issues of concern to other federal agencies.
3. Information gathered is meant primarily for program improvement and accountability.

Name and Title: Anne Bergan, Senior Policy Analyst, Office of Early Childhood Development, Tribal MIECHV Program

To assist OMB review of your request, 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

## BURDEN HOURS

| Category of Respondent | No. of Respondents | Annual No. of Responses per Respondent | Burden hours per Response | Annual Burden per Grantee | Total Annual Burden |
|------------------------|--------------------|--|---------------------------|---------------------------|---------------------|
| Tribal MIECHV Grantee  | 23                 | 4 (Quarterly)                          | 3                         | 12                        | 276                 |
| <b>Totals</b>          | 23                 | 4                                      | 3                         | 12                        | 276                 |

**FEDERAL COST:** The estimated annual cost to the federal government is \$84,990 which includes maintenance, data cleaning and aggregation of the Tribal Home Visiting Reporting System (THVRS) electronic reporting system maintained by a contractor and 10% of an ACF staff person's salary to review the data.

### TYPE OF COLLECTION:

How will you collect the information? (Check all that apply)

- Web-based
- E-mail
- Paper mail
- Other, Explain

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**