

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

TITLE OF INFORMATION COLLECTION: Feedback on the Office of Child Care’s FY 2023-2025 Tribal Child Care and Development Fund Plan Preprint Training

PURPOSE: The Office of Child Care (OCC) provides Tribal Child Care and Development Fund (CCDF) grantees with training and technical assistance (T/TA) through the Tribal Child Care Capacity Building Center (TCBC). TCBC provides T/TA through several different activities: meetings, universal/targeted TA, intensive/onsite TA, etc. To ensure these activities meet the needs of grantees, OCC is proposing to collect feedback from participants in TCBC T/TA activities. Feedback collected from the surveys will be used internally as a component of TCBC’s continuous quality improvement efforts. Feedback will be used to improve the content of and dissemination approaches for T/TA activities.

This current request is to request feedback on three upcoming Tribal CCDF Plan Preprint trainings. The same training will be offered in three different regions and the same survey administered at each training.

DESCRIPTION OF RESPONDENTS: Respondents will be Tribal CCDF grantees (training audience) attending the Office of Child Care’s FY 2023-2025 Tribal CCDF Plan Preprint Training.

TYPE OF COLLECTION:

- | | |
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| <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 primary purpose of the results is not for public dissemination.
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 and affiliation: Stacy Cassell, Child Care Program Specialist, Office of Child Care

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

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

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
Tribal CCDF Plan Preprint Training Feedback Survey	Tribal Government	450	1	10 minutes	75

FEDERAL COST: The estimated annual cost to the Federal government is \$4,800.

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 same training will be offered in three regions. The respondents will be identified from the registration lists. All respondents will have registered to attend the training. All attendees of the training will be prompted to complete the survey.

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 The option to complete the survey electronically via SurveyMonkey will be available.
2. Will interviewers or facilitators be used? Yes No

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