

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 CCTAN All-Hands TA Meeting

PURPOSE:

The Office of Child Care (OCC) funds a large technical assistance system, the Child Care Technical Assistance Network (CCTAN). OCC hosts an annual conference, the CCTAN All-Hands Meeting, to bring everyone together to strategize around developing and implementing system-wide approaches to training and technical assistance (T/TA) in support of the implementation of the Child Care and Development Fund (CCDF) program. The topics at this meeting – including implementation of the law and regulations, spending down ARPA dollars, and bolstering the child care workforce — will update the T/TA system on current priorities and messaging, further prepare the T/TA system to best support CCDF lead agencies, and ensure collaborative support to CCDF grantees.

The Child Care Communications Management Center (CMC) provides support for technical assistance to Child Care and Development Fund (CCDF) grantees. CMC provides logistical and conference management support for national and regional child care technical assistance activities sponsored by OCC, including this CCTAN All-Hands Meeting.

This request is to request feedback from participants in OCC’s annual CCTAN All-Hands Meeting.

DESCRIPTION OF RESPONDENTS: Respondents will be CCTAN staff members and federal staff who attend the All-Hands meeting.

TYPE OF COLLECTION:

- | | |
|--|--|
| <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

The following burden estimates are annual estimates for four universal and 15 targeted events per year.

| Information Collection | Category of Respondent | No. of Respondents per year | No. of Responses per Respondent | Estimated Time per Response | Annual Burden Hours |
|---|------------------------|-----------------------------|---------------------------------|-----------------------------|---------------------|
| CCTAN All-Hands Meeting Feedback Survey | Private Sector | 250 | 1 | 10 minutes | 42 |

FEDERAL COST: The estimated annual cost to the Federal government is \$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 respondents will be identified from the CCTAN All-Hands Meeting registration list. All meeting participants will be prompted to complete the survey following the meeting. Survey completion is optional.

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 [X] No

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