

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

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**TITLE OF INFORMATION COLLECTION:** Annual Technical Assistance Feedback Survey for Tribal Child Care and Development Fund (CCDF) Grantees

**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.

**DESCRIPTION OF RESPONDENTS:**

Respondents will be staff from Tribal CCDF Lead Agencies that received TA provided by TCBC during the reporting period (i.e., October through July each fiscal year).

**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 [X] No

**BURDEN HOURS**

The following burden estimates are annual estimates.

<b>Information Collection</b>	<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Estimated Time per Response</b>	<b>Burden Hours</b>
End of Year TA Feedback Survey for Tribal CCDF Grantees	Tribal Government	780	1	10 minutes	130

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,200.

**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**

- 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?

All Tribal Lead Agency staff who received TA from TCBC during the specified time frame (i.e., October through July each fiscal year) will be invited to participate in the survey. Surveys will be distributed following the end of the reporting period. Survey completion is optional.

**Administration of the Instrument**

- How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media  
 Telephone  
 In-person  
 Mail  
 Other, Explain
- Will interviewers or facilitators be used? [ ] Yes [ X ] No

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