

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

TITLE OF INFORMATION COLLECTION: National Center on Early Childhood Quality Assurance Feedback Surveys for Strengthening Business Practices (SBP) Participants

PURPOSE: The Administration for Children and Families (ACF) Office of Child Care (OCC) is seeking approval to collect feedback from recipients participating in one of the Strengthening Business Practices Technical Assistance (TA) offerings provided by the National Center on Early Childhood Quality Assurance (NCECQA). NCECQA is a National Center funded by OCC through a contract with ICF. NCECQA provides research-informed/evidence-based Training and TA (T/TA) via a range of services, including universal, targeted, and tailored service delivery using formats approved by the Contracting Officer’s Representative (COR) and in alignment with other OCC Early Childhood T/TA System Centers. OCC anticipates that data shall be collected by the NCECQA evaluation team and used to identify areas of strength and weakness in an effort to develop recommendations to improve the provision of its services.

Specifically, survey information will be used to modify curriculum content or aspects of the content delivery for each audience being served, as needed based on participant feedback. This request includes the following efforts:

- **Survey for Individual Trainers Trained by ECQA Staff:** This survey requests feedback from trainers who received training from ECQA staff. Information will be used to modify training for individual trainers to ensure that these efforts meet the needs of participants.
- **Survey for Anchor Training:** This survey requests feedback from participants who attended Anchor Training in order to train other trainers. Information will be used to modify training for anchors to ensure that these efforts meet the needs of participants.
- **Survey for Individual Trainers Trained by Anchor Trainers:** This survey requests feedback from participants who received training from Anchors. Information will be used to modify training for individual trainers to ensure that these efforts meet the needs of participants.
- **Survey for Approved Trainers Training Providers:** This survey requests feedback from providers who received training from approved trainers. Information will be used to modify training for providers to ensure that these efforts meet the needs of participants.
- **Survey for Individual Trainers Implementing the Training in States:** This survey requests feedback from trainers who are implementing Strengthening Business Practices training in states. Information will be used to modify training for providers to ensure that these efforts meet the needs of participants.

DESCRIPTION OF RESPONDENTS: Respondents include government (state, tribal, organizations, U.S. territories) employees, non-government statewide organizations, and non-government local or regional organizations.

TYPE OF COLLECTION:

Customer Comment Card/Complaint Form

Customer Satisfaction Survey

- Usability Testing (e.g., Website or Software)
 Focus Group

- Small Discussion Group
 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: Leatha Chun, COR for NCECQA

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 - note events are scheduled based on need and requests, registration per event varies. We anticipate up to 10 events per year.

Information Collection	Category of Respondent	No. of respondents per session	No. of Responses per Respondent	Estimated Time per Response	Burden Hours per session	Total Annual for 10 events
Survey for Individual Trainers Trained by ECQA Staff	State, local, or tribal government and Private Sector	20	1	3 minutes	1	10
Survey for Anchor Training	State, local, or tribal government and Private Sector	10	1	3 minutes	0.5	5
Survey for Individual Trainers Trained by Anchor Trainers	State, local, or tribal government and Private Sector	20	1	3 minutes	1	10

Survey for Approved Trainers Training Providers	State, local, or tribal government and Private Sector	20	1	3 minutes	1	10
Survey for Individual Trainers Implementing the Training in States	State, local, or tribal government and Private Sector	5	1	15 minutes	1.3	13
Totals		75	1	Avg = 3.84 min	5 hours per event	48

FEDERAL COST: The estimated annual cost to the federal government as included in the firm fixed price budget in the labor allocation by task and awarded under contract # and task order GS-00F-010CA/75ACF122F80020 is \$307.40 per event. Not to exceed 10 events per year. **Min burden = \$307.40 and max burden = \$3,074.00**

GSA Labor Category	Rate	Hours	Cost
Associate Analyst II - Contractor	\$81.73	0.5	\$40.87
Analysts - Contractor	\$93.10	1	\$93.10
Analyst/Manager I - Contractor	\$108.69	1	\$108.69
Sr. Analyst/Manager I - Contractor	\$129.49	0.5	\$64.75
	Total	3	\$307.40

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?

[x] 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 initial universe of potential respondents consists of individuals who participated in a webinar that launched the Strengthening Business Practices Training of Trainers. Currently, the Strengthening Business Practices Training of Trainers is included in the Child Care Technical Assistance Network (CCTAN) website. States/territories/Tribes who express interest in joining future Strengthening Business Practices sessions are added to the list. Survey questions will be provided through an electronic link for all of those who participate. This is a voluntary 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

2. Will interviewers or facilitators be used? Yes No

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