

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 Technical Assistance Groups

PURPOSE: The Administration for Children and Families (ACF) Office of Child Care (OCC) is seeking approval to collect feedback from recipients participating in Training and Technical Assistance (T/TA) group activities 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 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 determine if technical assistance improves participants’ knowledge, skills, strategies, and capacity, and to determine if this newly acquired knowledge is being applied to work done in states/territories/Tribes. This request includes the following feedback efforts for group activities:

- **Family Child Care (FCC) Workgroup Survey:** This survey is intended to solicit feedback on participant’s experiences with an FCC Collaborative group to inform and improve future work by the Collaborative.
- **License Exempt and Licensing Community of Practice Survey:** This survey is intended to solicit feedback on participant’s experiences with a Community of Practice for Licensing Exempt/Licensing program staff. Information will be used to improve future Community of Practice activities.
- **Provider and Family Workgroup Survey:** This survey is intended to solicit feedback on participant’s experiences with provider and family workgroups. Information will be used to inform planning and to improve future workgroups.
- **Quality Improvement System (QIS) Survey:** This survey is intended to solicit feedback on participant’s experiences with a QIS Community of Practice. Information will be used to improve future Community of Practice activities.

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:

- | | |
|--|--|
| <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: 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 [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

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [x] No

BURDEN HOURS

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
Family Child Care Workgroup Survey	State, local, or tribal government and Private Sector	30	2 (mid-year and end of year)	3 minutes	3
Licensing Exempt/Licensing Community of Practice Survey	State, local, or tribal government and Private Sector	200	2 (mid-year and end of year)	3 minutes	20
Provider and Family Workgroup Survey	State, local, or tribal government and Private Sector	40	2 (mid-year and end of year)	3 minutes	4
QIS Community of Practice Survey	State, local, or tribal government and Private Sector	30	2 (mid-year and end of year)	3 minutes	3
Totals:		300	2	3 minutes	30

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* x 8 = **\$2,459.20**

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

*Table represents cost associated with distribution and analysis of each survey.

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?

Family Child Care (FCC) Collaborative Survey: The universe of potential respondents consists of individuals selected by specialty/profession (family child care and center-based affinities), recruited from associations using outward communication tools and then identifying the participants who have expressed interest.

License Exempt and Licensing Community of Practice Survey: The universe of potential respondents comes from a list of participants in the Licensing and License-Exempt Community of Practice sessions.

Provider and Family Workgroup Survey: The universe of potential respondents consists of individuals selected by specialty/profession (family child care and center-based affinities), recruited from associations using outward communication tools and then identifying the participants who have expressed interest. Furthermore, respondents in the family child care work groups are identified from previous convenings, and center-based child care work group participants are compiled from a recruiting effort that reaches each of the 10 ACF regions.

Quality Improvement System (QIS) Survey: The universe of potential respondents consists of individuals who have joined prior QIS Community of Practice sessions. Individuals who have expressed interest in joining future QIS Community of Practice sessions are added to the list.

For all activities, survey questions will be emailed with an electronic link for all of those who participated in the specific activity.

Administration of the Instrument

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

- Web-based
- 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.