## 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 Office of Child Care Tribal Consultation

**PURPOSE:** In November 2023, the Office of Child Care held two in-person consultations to discuss a Request for Information (RFI) titled Meeting the Child Care Needs in Tribal Nations. The Office of Child Care proposes to collect feedback on the in-person consultations. Information collected through the brief survey will be used by the Office of Child Care to plan for future consultations.

**DESCRIPTION OF RESPONDENTS**:

Individuals who attended the Office of Child Care Tribal Consultation in Anchorage, Alaska on November 27, 2023 and Albuquerque, New Mexico on November 29 and 30, 2023. This included Tribal Leaders, Tribal CCDF Administrators, and other interested parties who attended the in person Tribal Consultation.

**TYPE OF COLLECTION:**

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus 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: \_\_Sarah Stafford, Office of Child Care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ X ] 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 [X ] 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** |
| Feedback on Tribal Consultation | Individuals | 105 | 1 | 10 mins | 18 hours |

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\_$300\_\_\_\_\_

**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 Office of Child Care will email all attendees to both tribal consultations (n=131) a link to complete the survey. We estimate an 80% response rate.

**Administration of the Instrument**

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

[X] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [X] No

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