

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 AND USE: In July 2024, the Office of Early Childhood Development, the Office of Head Start, and the Office of Child Care will hold a joint in-person consultation. The offices propose to collect feedback on the in-person consultation. Information collected through the brief survey will be used by the offices to plan for future consultations.

DESCRIPTION OF RESPONDENTS:

Individuals who attend the Tribal Consultation in Phoenix, Arizona on July 9-10, 2024 both in-person and virtually. This included Tribal Leaders, Tribal CCDF Administrators, and other interested parties who attended the in person Tribal Consultation.

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: Meryl Barofsky, 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

Tokens of Appreciation or Honoraria:

Will a token of appreciation or honoraria be provided to participants?

- Yes 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 | 17.5 hours |

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

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 offices 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)
 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.