

**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:** 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

