

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 the Office of Child Care’s Tribal Cluster Meeting

PURPOSE AND USE: The Office of Child Care (OCC) provides Tribal Child Care and Development Fund (CCDF) grantees with training and technical assistance (T/TA) through its Tribal Cluster Meeting. The purpose of the meeting is to help grantees understand CCDF program requirements and apply those requirements to the implementation of their CCDF programs.

The Child Care Communications Management Center (CMC) provides support for TA to CCDF grantees. Specifically, CMC provides logistical and conference management services for national and regional child care TA activities sponsored by OCC, including this Tribal Cluster Meeting.

This request is to request feedback from participants in OCC’s Tribal Cluster Meeting to inform future TA event offerings.

DESCRIPTION OF RESPONDENTS: Respondents will be Tribal CCDF lead agency staff who attend the Tribal Cluster Meeting.

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: Stacy Cassell, Child Care Program Specialist, 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 [X] No

BURDEN HOURS

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
OCC Tribal Cluster Meeting Feedback Survey	Tribal Government	170	1	10 minutes	28.33

FEDERAL COST: The estimated annual cost to the Federal government is \$800.

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.

We will send the survey to all who attend the Tribal Cluster Meeting. Survey completion is optional. We expect about 170 attendees.

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 [X] No