## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1880-0542)

**TITLE OF INFORMATION COLLECTION:** REACTS Site Visit Survey

**PURPOSE:**

Assess the effectiveness of scheduled 2 day State Site Visits by the Records Exchange Advice, Communication, and Technical Support (REACTS) team to each State visited, from the State’s perspective. The form is a opportunity for each State to assess the extent of

1. Knowledge of the REACTS team
2. Effectiveness of the 2 day program in helping the State team to get familiar with REACTS and MSIX

**DESCRIPTION OF RESPONDENTS**:

There are 40+ States that will be have scheduled site visits (at a rate of 10/year). The survey will be taken by State Directors and other officials from these States that attend the site visits.

**TYPE OF COLLECTION:** (Check one)

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

[X] 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 results are not intended to be disseminated to the public.
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:\_Jennifer Dozier, 202-205-4421\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Applicable, has a System or Records Notice 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden** |
| State Directors + Other State Migrant Education Dept. reps | 200 | 10 minutes | 33 hours |
|  |  |  |  |
| **Totals** | **200** |  | **33 hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is $1,501.66\_\_\_\_\_\_\_\_\_\_\_\_

**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?

REACTS is a Major IT Investment and is required to perform analysis of overall usage based on feedback from users of the system. As part of this research and analysis, the REACTS contractor, Novel Management Group, is required to make 10 site visits per year to States that are signed on to MSIX and are in need of help in using the system effectively. It helps in assessing each state and monitors progress of the MSIX implementation and helps move each state further along in the process. The survey is a short 5 question post-visit feedback survey to measure effectiveness and better the process.

**Administration of the Instrument**

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

[ ] Web-based or other forms of Social Media

[ ] Telephone

[X] In-person

[ ] Mail

[ ] Other, Explain

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

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