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:

TYPE OF COLLECTION: (Check one)

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.

[] Customer Comment Card/Complaint Form [X] Usability Testing (e.g., Website or Software) [] Focus Group	[] Customer Satisfaction Survey [] Small Discussion Group [] Other:
CERTIFICATION:	
I certify the following to be true:	
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1. The collection is voluntary.	
2. The collection is low-burden for respondents a	and low-cost for the Federal Government.
3. The collection is non-controversial and does n	ot raise issues of concern to other federal
agencies.	
4. The results are <u>not</u> intended to be disseminated	l to the public.
5. Information gathered will not be used for the p	*
policy decisions.	
6. The collection is targeted to the solicitation of	opinions from respondents who have
experience with the program or may have expe	*
experience with the program of may have expe	trence with the program in the rutare.
Name:_Jennifer Dozier, 202-205-4421	
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To assist review, please provide answers to the following question:

1. Is personally identifiable information (PII) collected? [] Yes [X] No

Personally Identifiable Information:

Privacy Act of 1974? [] Yes [] No

2. If Yes, is the information that will be collected included in records that are subject to the

3. If Applicable, has a System or Records Notice been published? [] Yes [] No

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	Participation	Burden
	Respondents	Time	
State Directors + Other State Migrant Education	200	10 minutes	33
Dept. reps			hours
Totals	200		33
			hours

FEDERAL COST:	The estimated annual	cost to the Fed	leral government is	j
\$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 potent	tial
	respondents and do you have a sampling plan for selecting from this universe?	
	[X] Yes [] N	O

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

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

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

