Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0970-0401)

TITLE OF INFORMATION COLLECTION: HSICC Post Phone Call Survey

PURPOSE: The proposed information collection activity is necessary to enable Head Start to gather feedback in an efficient, timely manner, in accordance with our commitment to improving service delivery. This feedback will focus attention on areas where changes might improve delivery of services, specifically information will used to support professional development of Head Start Call Center agents, assess the need for additional training and improve customer service.

DESCRIPTION OF RESPONDENTS: Respondents are individuals who have called the Head Start Information and Communications Center (HSICC) with an inquiry. These individuals typically either work in a Head Start program, have a child in the program or are seeking information about the program.

The Post Phone Call survey is voluntary. At the end of each call, callers will be asked in they would like to complete a survey. If they agree callers will be connected to a recorded survey and asked for their yes/no responses to five questions regarding their experience with the HSICC Call Center.

TYPE OF COLLECTION: (Check one)	
[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [] Focus Group	[X] Customer Satisfaction Survey[] Small Discussion Group[] Other:
CERTIFICATION:	
I certify the following to be true:	

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 <u>not</u> 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:	Bill McKinney	

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

Personally Identifiable Information:

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

 If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No If Yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [] No 					
Gifts or Payments: Is an incentive (e.g., money or reimbursement of expen participants? [] Yes [X] No	ses, token of app	preciation) provid	ed to		
BURDEN HOURS					
Category of Respondent	No. of Respondents	Participation Time	Burden		
Incoming calls to the HSICC	300	3 minutes	15 hrs		
Totals			15 hrs		
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? [] Yes [X] 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?					
Administration of the Instrument 1. How will you collect the information? (Check all the second of Social Media [X] Telephone [] In-person [] Mail [] Other, Explain 2. Will interviewers or facilitators be used? [] Yes [