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

**TITLE OF INFORMATION COLLECTION:**

Information Architecture Testing of the Early Childhood Learning and Knowledge Center

**PURPOSE:**

The purpose of tree testing of Early Childhood Learning and Knowledge Center website is to improve the information architecture (IA). Tree testing will provide feedback on proposed changes to the IA and help us improve navigation and findability of resources on the site.

The Tree Testing survey can be completed by most participants in about 5 minutes. Administration of the survey will be through Optimal Workshop’s online TreeJack tool.

**DESCRIPTION OF RESPONDENTS**:

Participants include Head Start grantees’ executive leadership and staff who represent the primary user group for the website.

**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:\_\_\_Dayana Garcia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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, 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

**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** |
| HS Grantee’s executive leadership and staff (100%) | 192 | 5 minutes | 16 hours |
|  |  |  |  |
| **Totals** | **192** | 5 minutes | **16 hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is $2292.00\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Administration Cost (One-Time)** | **Staff Hours** |  |
| Staffing (Not Loaded) | 40 | $1920.00 |
| Technology |  | $322 |
| Material and Supplies |  | $50 |
| **Total** |  | **$2292.00** |

**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?*

The targeted respondents come from a list of grantee executive leadership and staff, to whom the survey will be sent through email. Completion of the survey is voluntary and anonymous and no participant information will be collected as part of the survey.

**Administration of the Instrument**

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

[X] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

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

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