

---

---

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

### TITLE OF INFORMATION COLLECTION:

National Center on Early Childhood Health and Wellness (NCECHW) Infoline Feedback Form

### PURPOSE:

The purpose of the NCECHW Infoline Feedback Form is to is to garner feedback in an efficient, timely manner, in accordance with our commitment to improving service delivery. This form will collect information from individuals who have contacted the NCECHW Infoline via telephone or email. Individuals contact the NCECHW Infoline to inquire on a range of health-related topics (e.g., Caring for Our Children, children with special health care needs, emergency preparedness, environmental health).

### DESCRIPTION OF RESPONDENTS:

NCECHW Infoline inquiries come from individuals in a range of roles (e.g., health managers, child care health consultants, mental health consultants, health specialists, health professionals, other child care and Head Start staff, and federal staff).

### TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form  
 Usability Testing (e.g., Website or Software)  
 Focus Group

- Customer Satisfaction Survey  
 Small Discussion 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: Marco Beltran, Senior Head Start Program Specialist, Federal Lead of NCECHW Contract

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

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector – Head Start Health Managers, Head Start Center Directors, and Other Head Start Staff	360	5 minutes	30 hours
<b>Totals</b>	<b>360</b>	<b>5 minutes</b>	<b>30 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$660.87

**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**

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?

Responses have been provided to a total of 3,951 NCECHW Infoline inquiries. We will plan to administer the survey to individuals who made these inquiries. Based on previous inquiries, we anticipate approximately 1,8000 inquiries during this time period and estimate that a small subset of those individuals (i.e., approximately 20%) will provide feedback.

**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  No

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

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

---

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of Respondents.

**Participation Time:** Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of Respondents and the Participation Time then divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts with the request.**