

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

TITLE OF INFORMATION COLLECTION: Head Start Management Fellows (HSMF) Program Feedback Surveys

PURPOSE: The proposed information collection contains three Head Start Management Fellows (HSMF) Program Feedback Surveys to collect information from participants in the HSMF program. These surveys are designed to gauge participant satisfaction and will provide feedback to program managers in an efficient manner to improve future service delivery.

Two surveys—the *HSMFP End-of-Session Feedback Survey HSMFP* and the *End-of-Program Feedback Survey* will be administered to the 2020 cohort. This cohort will participate in the HSMF program for 12 days during the summer of 2020. For this cohort, one survey—the *HSMFP End-of-Session Feedback Survey*—will be administered to participants immediately after completion of a program session. The *HSMFP End-of-Program Feedback Survey* will be administered to participants who will be asked to provide feedback on the entirety of the program.

The third survey—the *HSMFP Follow-up Survey*—will be administered to the four previous cohorts that have participated in the program in 2016, 2017, 2018, and 2019. This survey will ask participants to reflect on the program, provide feedback, and share information about any changes that may have occurred as a result of program participation. Similar to the other two surveys, this survey will provide feedback to program managers to improve future programming.

DESCRIPTION OF RESPONDENTS: Respondents include program participants—executive leadership and managerial staff—in the Head Start Management Fellows Program.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> 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: David Jones, Senior Program Specialist/Federal Program Officer, Office of Head Start

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

The three feedback surveys have differing completion times (three minutes for the *HSMFP End-of-Session Feedback Survey*, 7 minutes for the *HSMFP End-of-Program Feedback Survey* and 12 minutes for the *HSMFP Follow-Up Survey*). Burden hours on the respondents in relation to these three surveys are below:

Instrument	Category of Respondent	No. of Respondents	Participation Time	Burden
HSMFP End-of-Session Feedback Survey HSMFP	Head Start Executive Leadership and Managerial Personnel	40	3 min	2.00 hours
End-of-Program Feedback Survey		40	7 min	4.67 hours
HSMFP Follow-up Survey		230	12 min	46.00 hours
	Totals	310 total (270 unique)		52.67 hours

FEDERAL COST: The estimated annual cost to the Federal government for all four surveys is \$5423.00

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? 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 list of participants includes individuals that will participate in the 12-day training at UCLA in Summer 2020 and those that have participated in previous years (namely, 2016, 2017, 2018, and 2019).

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.

