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

**TITLE OF INFORMATION COLLECTION:** HCD Primer Workshop Feedback Forms

**PURPOSE:** The Human-Centered Design for Human Services (HCD4HS) project, sponsored by the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF), intends to provide a virtual training in Human-Centered Design (HCD) to representatives from three state and local human services sites.

Training will consist of an intensive HCD Primer Workshop, followed by individualized coaching for each site. The HCD Primer Workshop will be:

* Facilitated by an experienced HCD trainer and consultant.
* Attended by at least three individuals (up to seven participants) from the design team from each of the three sites.
* Hosted virtually across six segments that last approximately four hours each. The first four segments will be attended by all three sites at the same time. The last two segments will be provided separately for each individual site so that the HCD consultant can work closely with each pilot site to create a roadmap tailored to them.
* Supported by a comprehensive and tailored curriculum, with hands-on exercises, team building activities, opportunities to practice and reflect, and group discussions.

The purpose of this request is to collect feedback from HCD Primer Workshop participants in order to improve future workshops and tailor future coaching calls to the needs of these sites.Satisfaction and learning will be assessed with Likert ratings and open-ended questions at two time points: after the first four segments held with participants across all three sites [HCD Primer Workshop Feedback- attached, this document], and after the final two segments held with each site individually [Roadmap Session Feedback- attached this document]. Each information collection form will take approximately 6 minutes.

**DESCRIPTION OF RESPONDENTS**:

HCD Primer Workshop participants, comprised of staff from three (state and local) human services agencies.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [X ] Customer Satisfaction Survey

[ ] 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: Erin Cannon, Social Science Research Analyst

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** |
| Program Administrators and staff of state and local governments  | 21 | 6 minutes per survey (2 surveys)  | 12 min (.20 hours) |
| **Totals** | **21** | **12 minutes** | **4.2 hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is $1750 (one-time cost)

**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 universe of respondents will include all attendees of the HCD Primer Workshop. Attendees include up to twenty-one individuals from three state or local human services agencies. The individuals may include program administrators, service providers, research analysts, and other individuals who are on the front lines of administering the site’s programs and services.

**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.**