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

**TITLE OF INFORMATION COLLECTION:** Standard Feedback Survey for the National Center for Health, Behavioral Health, and Safety’s Training and Technical Assistance Offerings

**PURPOSE:**

The proposed information collection will be administered to participants of national, regional, and grantee training and technical assistance (TTA) offerings provided by the Office of Head Start’s National Center for Health, Behavioral Health, and Safety (NCHBHS). This satisfaction survey will provide timely feedback from participants in an efficient manner to improve future programming. This is the sole source of systematically collected satisfaction data from participants of the TTA offerings. This satisfaction survey asks respondents for basic demographic information and gauges their level of satisfaction with TTA, related gains in knowledge, and whether they will apply what they learned in their work for Head Start. Demographic information is important to ensure TTA offerings are useful, meaningful, and respectful for everyone. If it is not useful for a particular demographic group, then the information could be use to improve TTA in the future, so it is more responsive to the group’s needs. Responses to this survey will be used to determine the success of TTA offerings and to inform continuous quality improvement of future TTA efforts.

**DESCRIPTION OF RESPONDENTS**:

This satisfaction survey will be administered to people attending NCHBHS TTA offerings at the national, regional, and grantee level. This will include non-federal staff, Head Start/Early Head Start staff, state agency staff, program managers, health care providers, and consultants working with Head Start/Early Head Start programs.

**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: Marco Beltran, Senior Head Start Program Specialist, Office of Head Start

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [X] 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 [X] 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** |
| Participants of TTA Offerings | 63,000 per year\* | 5 minutes | 5,250 hours |
| **Totals** | **63,000** |  | **5,250 hrs** |

\*This assumes each attendee to a TTA offering is unique, but it is likely there will be some individuals that attend multiple offerings and respond to the feedback form multiple times.

**FEDERAL COST:** The estimated annual cost to the Federal government is $7,500 per year.

**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 NCHBHS utilize the email addresses from participants of the TTA offerings to deliver the web-based 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