

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

---

**TITLE OF INFORMATION COLLECTION:** Region 8 Workforce Development Focus Groups

**PURPOSE:** The Region 8 (R8) Head Start Training and Technical Assistance (TTA) team in the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) seeks approval to collect feedback from the R8 Head Start Collaboration Offices and South Dakota’s Head Start Association to receive feedback on Recruitment and Retention practices. We will collect information through single event focus groups. The focus group is intended to provide timely feedback to Region 8 in an efficient manner to improve future communication, TTA services, resource sharing, and systems coordination. The information will be used for internal purposes only.

**DESCRIPTION OF RESPONDENTS:** R8 Head Start Collaboration Offices, and South Dakota’s Head Start Association.

**TYPE OF COLLECTION:**

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group       |
| <input checked="" 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 primary purpose of the results is not for public dissemination.
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 and affiliation: Michelle Stewart R8 Program Specialist/COR

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**

<b>Information Collection</b>	<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Estimated Time per Response (Hours)</b>	<b>Burden Hours</b>
Focus Group	R8 Collaboration Directors- State	6	1	1	6
Focus Group	R8 South Dakota Head Start Association	9	1	1	9
<b>Totals</b>		<b>15</b>	<b>1</b>	<b>1</b>	<b>15</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is     \$500    

**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?

Customer list: Region 8 State Collaboration staff list and South Dakota Head Start Association List.

**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 Due to COVID restrictions this could be virtual video conferencing
2. Will interviewers or facilitators be used?  Yes  No

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