

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

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**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.

We are submitting this survey for approval with changes primarily to better gather feedback about how well the Center’s TTA offerings address children facing adversities, the birth to five continuum, and social determinants of health. Additionally, the roles have been collapsed to fewer categories for reduced burden. A few minor clarifications and edits were made to improve the feedback survey.

The burden for the survey remains the same since the new questions do not add a significant amount of time to respond to the survey beyond the existing estimated average 5 minutes since many respondents will only receive a subset of questions depending on the event they attend including any new items. Additionally, respondents will take much less time in reviewing all the roles for the revised question which collapsed multiple reporting categories.

**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:**

- |   |  |
|---|--|
| <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 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: Marco Beltran, Senior Head Start Program Specialist, 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**

Category of Respondent	No. of Respondents	Participation Time	Burden
Participants of TTA Offerings	63,000 per year*	5 minutes	5,250 hours
<b>Totals</b>	<b>63,000</b>		<b>5,250 hrs</b>

\*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?  

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)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used?  Yes  No