## 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 to Kindergarten (HS2K) Project Memoranda of Understanding (MOU) Analyses: Stakeholder Feedback & Discussion

**PURPOSE:** The Understanding Children’s Transitions from Head Start to Kindergarten (HS2K) project plans to host a stakeholder meeting to gather feedback on analyses the project team recently conducted to explore memoranda of understanding (MOUs) between Head Start programs and LEAs. Through discussion groups, the project team will share findings from their analyses and seek input on whether the approach and understanding of the MOUs align with respondents’ experiences as Head Start Directors and Collaboration Office Directors.

The feedback collected will inform dissemination for the study’s findings. It will not be used as data in any public-facing documents.

**DESCRIPTION OF RESPONDENTS**: Head Start Directors of the 13 Head Start–LEA Collaboration Demonstration Project (CDP) sites and their respective 11 state-based Collaboration Office Directors.

**TYPE OF COLLECTION:**

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

[ ] Usability Testing (e.g., Website or Software [**X**] 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 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: Kathleen Dwyer, Office of Planning, Research, and Evaluation, Administration for Children and Families

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

**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Information Collection** | **Category of Respondent**  | **No. of Respondents** | **No. of Responses per Respondent** | **Estimated Time per Response**  | **Burden Hours** |
| CDP Site MOU Analyses: Structured Discussion  | Federal, state, local, or tribal governments (*Collaboration Office Directors, Head Start Directors*) | 24 | 1 | 1 | 24 |
| **Totals** | **24** |  |  | **24** |

**FEDERAL COST:** The estimated annual cost to the Federal government is **$2,207.23**

**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?

Head Start Directors and Collaboration Office Directors who were involved with the MOU between Head Start programs and LEAs as part of the HS2K project will be invited to attend the stakeholder meeting and feedback discussion.

**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? [X] Yes [ ] No

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