

**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:** Feedback Surveys for National Center for Health, Behavioral Health, and Safety (NCHBHS) Trauma-Attuned Practices Series

**PURPOSE:** The proposed information collection will be administered Head Start grantees who attend the Trauma-Attuned Practices series hosted by the Office of Head Start’s National Center for Health, Behavioral Health, and Safety (NCHBHS) and University of California San Francisco (UCSF). This series will consist of ongoing trainings and consultation groups to support Head Start and Early Head Start programs in supporting children and families who have experienced trauma. This will be a series of three surveys: 1) a pre-survey to measure baseline knowledge, 2) a survey after the training component of this series to assess satisfaction levels and knowledge gained, and 3) a follow-up survey that will be completed after grantees have finished the year-long consultation groups for this series. These surveys will provide timely feedback from participants in an efficient manner to improve future programming. More specifically, the purpose of these surveys will be to 1) measure knowledge gained through this series and 2) get input from participants on how this series could be improved in the future.

**DESCRIPTION OF RESPONDENTS:** These surveys will be administered to Head Start grantee staff attending the Trauma-Attuned Practices series.

**TYPE OF COLLECTION:**

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

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</b>	<b>Burden Hours</b>
Pre-training survey	Participants attending the Trauma-Attuned Practices series	20	1	15 mins	5 hours
Post-training survey	Participants attending the Trauma-Attuned Practices series	20	1	10 mins	3.3 hours
Post-Consultation survey	Participants attending the Trauma-Attuned Practices series	20	1	15 mins	5 hours
<b>Totals</b>		20	3	Average: 13.3 min	<b>13.3 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2500\_\_\_\_\_

**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?

NCHBHS and UCSF staff will send each of the three online survey links to all participants via email at the designated times.

**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