

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

TITLE OF INFORMATION COLLECTION: Pyramid Model Feedback Survey

PURPOSE: The proposed information collection will be administered to participants of the National Center for Health, Behavioral Health, and Safety (NCHBHS) Pyramid Model Training. The Pyramid Model provides a framework for the implementation of practices that will promote the social and emotional competence of all young children including children who have persistent challenging behavior. The NCHBHS contracts with Pyramid Model trainers to provide training and technical assistance (TA) to programs and regional TA staff on the implementation of this model, preparing staff to implement practices that support children’s social emotional development. This feedback survey will provide timely feedback from current participants in an efficient manner to improve future trainings. Responses to this survey will be used for internal planning and improvement of the service delivery. This is the sole source of satisfaction data to be collected from participants of the Pyramid Model Training. The survey will be delivered via the Qualtrics online survey platform.

DESCRIPTION OF RESPONDENTS:

This user feedback survey will be administered to participants attending Pyramid Model Training. This includes Head Start and Early Head Start staff and early childhood education providers.

TYPE OF COLLECTION:

☐ Customer Comment Card/Complaint Form	☒ 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 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, 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

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
Online survey	Participants of Pyramid Model Training	150	1	10 minutes	25
Totals					25

FEDERAL COST: The estimated annual cost to the Federal government is \$1,000

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 link to the survey will be provided via email to Head Start Site Leaders in ACF Regions that request and participate in the Pyramid Model Training. They will share the link with appropriate staff at their site.

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

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