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

TITLE OF INFORMATION COLLECTION: Feedback Survey for Dental Health Liaison Services

PURPOSE AND USE: The proposed information collection will be administered to recipients of the National Center for Health, Behavioral Health, and Safety (NCHBHS) Dental Health Liaison (DHL) project. Under the DHL project, one dental hygienist from each state volunteers to help promote oral health for pregnant women and pregnant people and children enrolled in Head Start programs. The NCHBHS, which is under a cooperative agreement with the Office of Head Start, contracts with the DHL project to provide training and technical assistance to program staff on oral health, including promotion of oral health care and prevention strategies.

The proposed information collection will be administered to recipients of DHL services to solicit feedback about the services provided by the state DHL. Information will be used by NCHBHS for internal planning to inform training and technical assistance and other supports/resources in an effort to improve future service delivery. The survey will be delivered via an online survey platform.

DESCRIPTION OF RESPONDENTS: This feedback survey will be administered to recipients of DHL services. This includes Head Start and Early Head Start staff.

TYPE OF COLLECTION	TYPE	OF COLLI	ECTIO	N:
--------------------	------	----------	-------	----

[] Customer Comment Card/Complaint Form	[X] Customer Satisfaction Survey
[] Usability Testing (e.g., Website or Software	[] Small Discussion Group
[] Focus Group	[] Other:
<u>*</u>	

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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The primary purpose of the results is <u>not</u> for public dissemination.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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 [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

	up-to-date System of ciation or Honoraria	`	, 1		
Will a token of app	preciation or honorar	ia be provided to pa	rticipants? [] Yes	[X] No	
BURDEN HOUR	S				
Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
DHL Feedback Survey	Private Sector	200	1	7 minutes	23.3
1. Do you have a respondents and If the answer is no, perespondents and hor The link to the sure DHL in the prior new Administration of the the terms of the term	f the Instrument collect the information ased or other forms cone	ething similar that d pling plan for select escription of both be ription of how you p em. o program contact(s	ing from this unive [] Yes [X] low (or attach the s lan to identify your) who requested ser	rse? No Sampling plan). 1 potential group	of
2. Will interviewe	ers or facilitators be u	used? [] Yes [X] N	Го		