# 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 Management Fellows (HSMF) Program Follow-Up Feedback Survey

**PURPOSE AND USE:** The proposed information collection contains one Head Start Management Fellows (HSMF) Program Follow-Up Feedback Survey to collect information from participants in the HSMF program. This survey is designed to gauge participant satisfaction and will provide feedback to program managers in an efficient manner to improve future service delivery.

The HSMF Program Follow-Up Feedback Survey will be administered to participants who participated in the program since its inception, that is, since 2016. The follow-up survey asks participants to reflect on the program, provide feedback, and share information about any changes that may have occurred as a result of program participation. This survey will provide feedback to program managers to improve future programming.

**DESCRIPTION OF RESPONDENTS**: Respondents include participants—executive leadership and managerial staff—in the Head Start Management Fellows Program who participated in the program starting in 2016 through to 2024. Response rate is estimated at 40 percent based on previous experience surveying HSMF program cohorts.

**TYPE OF COLLECTION:**

[ ] Customer Comment Card/Complaint Form          [X] 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 <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: <u>Elaina Parrish, Quality Assurance Branch Chief, OHS</u>

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

**Tokens of Appreciation or Honoraria:**

Will a token of appreciation or honoraria be 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 |
|---|---|---|---|---|---|
| HSMFP Follow-up Survey | Individuals (i.e., Head Start Executive Leadership and Managerial Personnel) | 140 | 1 | 12 minutes | 28 hours |

**FEDERAL COST:**  The estimated annual cost to the Federal government is $1965.79

**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 list of participants includes individuals who participated in the 12-day training program at UCLA, starting from the first cohort in 2016 through to the 2024 cohort.

**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

2. Will interviewers or facilitators be used?  [  ] Yes [ X ] No