

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

TITLE OF INFORMATION COLLECTION: Region 8 Focus Group for Infant and Early Childhood Mental Health Systems

PURPOSE AND USE: The Region 8 Office of Head Start (OHS) Training and Technical Assistance (TTA) team in the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) supports Head Start Region 8 Head Start Collaboration Directors, Regional Head Start Association Presidents, and Recipient Infant and Early Childhood Mental Coordinators. This includes the development and dissemination of resources and provision of TTA.

The OHS TTA team is interested in feedback to inform the improvement of support provided. To inform these efforts, the team is planning to host focus groups to gain insights into stakeholder perceptions, experiences and expectations; and focus attention on changes in operations that might improve delivery of TTA. This includes feedback about perceived barriers in current systems that could inform resources and TTA related to infant and early childhood mental health systems. This information will enable us to tailor communication, TTA services, resource sharing, and systems coordination.

DESCRIPTION OF RESPONDENTS: Head Start Collaboration Directors, R8 Head Start Association Presidents and Recipient Infant and Early Childhood Mental Health Coordinators in Region 8 (i.e., Colorado, Montana, South Dakota, North Dakota, Wyoming and Utah).

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: Kathleen Pathan, Federal Contract Office Representative, OHS

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
Region 8 Focus Group for Infant and Early Childhood Mental Health Systems	Region 8 Head Start State Collaboration Directors	6	1	1 Hour	6
	Region 8 Head Start Association Presidents	6	1	1 Hour	6
	Region 8 Grant Recipient Infant and Early Childhood Mental Health Coordinators	12	1	1 Hour	12
Totals		24	1	1 hour	24

FEDERAL COST: The estimated annual cost to the Federal government is approximately \$1,500.

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.

OHS will use the following existing contact lists to invite respondents:

- Region 8 Head Start State Collaboration staff list
- Head Start Association List
- Infant and Early Childhood Mental Community of Practice Registration list

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