

**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 Survey for the Training on the Conversation Guide for Professionals on Substance Use, Children, and Families

**PURPOSE:** The Conversation Guide for Professionals on Substance Use, Children, and Families (Conversation Guide) is a tool that provides ideas and resources to help family services professionals use strengths-based conversations when working with families. The National Center for Health, Behavioral Health, and Safety (NCHBHS), which is under a cooperative agreement with the Office of Head Start, provides training and technical assistance to program staff on the implementation of this tool, preparing staff to conduct strengths-based conversations with families. The training helps professionals focus and address substance use, safe storage of substances, safe and engaged caregiving, and protective factors that promote child and family well-being. The proposed information collection will be administered to participants of the NCHBHS Conversation Guide Training. This user 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 Conversation Guide 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 the NCHBHS Conversation Guide Training. This includes Head Start and Early Head Start staff, and early childhood education providers.

**TYPE OF COLLECTION:**

- |  |  |
|--|--|
| <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, 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
Conversation Guide Feedback Survey	Participants of Conversation Guide Training	150	1	10 minutes	25

**FEDERAL COST:** The estimated annual cost to the Federal government is \$250

**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?

The link to the survey will be provided to all registered participants of the Conversation Guide Training at the end of the training and via email following the training.

**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.**