

**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 Training: Creating a Culture of Wellness That Attracts and Retains Top Talent

**PURPOSE AND USE:** The Office of Head Start Region VII Training and Technical Assistance team provided a training titled Creating a Culture of Wellness That Attracts and Retains Top Talent for Head Start Grant recipient program staff. The training targeted Head Start Program Leadership and was focused on staff retention efforts. This information collection request is to survey participants who attended the training regarding their preferred mode and method for follow up activities in order to plan for ongoing technical support.

**DESCRIPTION OF RESPONDENTS:** Participants of the training included Head Start Grant Recipient Program leadership staff (Directors, Human Resources staff, content area managers, site supervisors, etc.) with an interest in enhancing staff retention systems within their program.

**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: Elizabeth Borda-Rivera, 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

Name and email address will be collected for follow-up purposes.

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**

<b>Information Collection</b>	<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Estimated Time per Response</b>	<b>Burden Hours</b>
Creating a Culture of Wellness That Attracts and Retains Top Talent Feedback survey	Private Sector	60	1	7 minutes	7 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$384

**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 [ X ] 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 feedback survey will be administered to recipients who attended the previous Creating a Culture of Wellness That Attracts and Retains Top Talent training which occurred in June 2025.

**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