

**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 *I am Moving, I am Learning (IMIL)* Training

**PURPOSE AND USE:** The *I am Moving, I am Learning (IMIL)* training is a biennial training and technical assistance (TTA) service. The Training involves two days of in-person learning with plenaries and workshop sessions that present a proactive approach to addressing childhood obesity in Head Start Program children. The National Center for Health, Behavioral Health, and Safety (NCHBHS), which is under a cooperative agreement with the Office of Head Start, provides TTA to program staff on the implementation of IMIL practices. The training helps professionals understand the importance of health and nutrition, including body language, brain development, and staff wellness, and their role in promoting child and family wellness.

The proposed information collection will be administered to participants or coordinators of IMIL Trainings to solicit feedback to improve future trainings and understand post-training needs for additional supports or materials. 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. This is the second source of satisfaction data to be collected from participants of the IMIL Training. The survey will be delivered via an online survey platform.

**DESCRIPTION OF RESPONDENTS:** This feedback survey will be administered to participants or coordinators of IMIL Training. This includes Head Start and Early Head Start staff.

**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: Sangeeta Parikshak, Senior Social Science Analyst and Behavioral Health Lead, 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
- 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 [ X] No

**BURDEN HOURS**

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
IMIL Feedback2 Survey	Private Sector	163	1	7 minutes	19

**FEDERAL COST:** The estimated annual cost to the Federal government is \$190

**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 link to the survey will be emailed to IMIL Training participants and program points of contact who identified IMIL trainees.

**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