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

**TITLE OF INFORMATION COLLECTION:** Program Management and Fiscal Operations (PMFO) Feedback Surveys

**PURPOSE AND USE:** The information provided here-in pertains to the following data collection instruments:

1. **PMFO Session Feedback Survey**
2. **PMFO Workshop Feedback Survey**
3. **PMFO Webinar Feedback Survey**
4. **PMFO E-Learning Module Feedback Survey**
5. **PMFO Conference Feedback Survey**

These five proposed PMFO Feedback Surveys would be administered to professional development participants immediately after a training event (post-transaction). These satisfaction surveys provide timely feedback to program managers in an efficient manner to improve future service delivery. This is the sole source of systematically collected satisfaction data for these training events (i.e., sessions, workshops, webinars, e-learning modules, and conferences).

**DESCRIPTION OF RESPONDENTS**: Respondents include training event participants. They will include grantee child-care provider staff, grantee executive leadership, and federal or regional training and technical assistance (T/TA) staff. Response rate is estimated at 50%.

**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 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: David Jones, Senior Program Specialist/Federal Project Officer, 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 [ X] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ X ] 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 (minutes)** | **Burden Hours** |
| Session Survey | Grantee and childcare program staff | 63 | 1 | 5 | 5.25 |
| Grantee executive leadership | 150 | 1 | 5 | 12.50 |
| Regional TTA staff | 13 | 1 | 5 | 1.08 |
| Workshop Survey | Grantee and childcare program staff | 7 | 1 | 5 | 0.58 |
| Grantee executive leadership | 30 | 1 | 5 | 2.50 |
| Regional TTA staff | 7 | 1 | 5 | 0.58 |
| Webinar Survey | Grantee and childcare program staff | 270 | 1 | 5 | 22.50 |
| Grantee executive leadership | 1080 | 1 | 5 | 90.00 |
| Regional TTA staff | 150 | 1 | 5 | 12.50 |
| E-Learning Module Survey | Grantee and childcare program staff | 13 | 1 | 5 | 1.08 |
| Grantee executive leadership | 37 | 1 | 5 | 3.08 |
| Regional TTA staff | 3 | 1 | 5 | 0.25 |
| Conference Survey | Grantee and childcare program staff | 37 | 1 | 10 | 6.17 |
| Grantee executive leadership | 110 | 1 | 10 | 18.33 |
| Regional TTA staff | 13 | 1 | 10 | 2.17 |
| **Totals** | | **1,983** | 1 |  | **178.58** |

**FEDERAL COST:** The estimated annual cost to the Federal government for all five surveys is $3,574.

**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.

For the four PMFO feedback surveys—for sessions, workshops, conferences, webinars—the PMFO evaluation team will typically receive a roster of conference participants and utilize the email addresses from this list to administer the web-based survey.

For the e-learning modules, a link to the web-based survey appears at the end of the training module and participants who have completed the online module are asked to provide feedback, if they so choose. The survey is voluntary and anonymous.

**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

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

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**