

## **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:** Health and Human Services (HHS) Administration for Children and Families (ACF) Office on Trafficking in Persons (OTIP) Stop Observe Ask Respond (SOAR) Human Trafficking Training End-of-Course Evaluation

### **PURPOSE:**

HHS plans to use the information collected from this end-of-course evaluation to evaluate SOAR training participants’ understanding of training content and satisfaction with the training experience. Information necessary to award Continuing Education (CE) credit will also be gathered.

Background - SOAR was originally designed in 2013 as a pilot training for health care providers, which was tested by partnering with local hospitals and community clinics in Atlanta, Boston, Houston, Oakland, and Williston and New Town, North Dakota. The training sought to decrease known provider-related barriers to identifying victims of human trafficking, including lack of awareness about human trafficking and misclassification of victims.

Based on insights and conclusions from the SOAR pilot and subsequent Regional updates, HHS is updating the SOAR training in 2016 to enhance the content, provide additional content for specific health care and social services audiences, make available continuing education (CE) credit, include an online virtual classroom option, and revise the end-of-course survey to reflect the changes made and ensure its relevance to the new content.

Specific research issues explored through the survey include:

- **Mastery of Learning Objectives:** Five questions on the training content to assess whether the participant gained an understanding of content as a result of the training, asked both before and after the training event for comparison
- **Commitment to Change:** Two questions asking the participant whether he or she expects to implement anything learned in the training
- **Impact of Training:** One question assessing whether the training increased the participant’s confidence in being able to apply the skills learned
- **Course Content and Delivery:** Eight questions asking whether the participant found the training effective
- **Disclosure of Financial Relationships:** As required by the accreditation body, Post-graduate Institute for Medicine (PIM), two questions that confirm that the training was unbiased by any commercial interests
- **Participant Affiliation:** Three questions that ask the participant how he or she heard about the training, and what kind of CE credit he or she wants

### **DESCRIPTION OF RESPONDENTS:**

Our methodology calls for the surveying of 700 health care and social services providers who have enrolled in and completed the SOAR training, through an online end-of-course evaluation.

**TYPE OF COLLECTION:** (Check one)

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software)
- Focus Group
- Customer Satisfaction Survey
- Small Discussion Group
- Other: End-of-Course Evaluation

**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 results are not intended to be disseminated to the public.
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: \_\_\_\_\_

To assist review, please provide answers to the following question:

**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 **N/A**
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No **N/A**

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	700	15 minutes	175
<b>Totals</b>	<b>700</b>	15 minutes	<b>175</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$0.00.

**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 [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 end-of-course evaluation will be provided to all people who enroll and complete the SOAR training.

**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

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

**Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of Respondents.

**Participation Time:** Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of Respondents and the Participation Time then divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**