

**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:** Child Welfare Information Gateway’s Special Initiative Survey

**PURPOSE:** Child Welfare Information Gateway supports three important special initiatives on behalf of the Children’s Bureau each year. In November during National Adoption Month, Child Welfare Information Gateway hosts the National Adoption Month (NAM) Website that targets adoption professionals to build States' capacity to recruit and retain parents for children and youth in foster care waiting for adoptive families. Child Welfare Information Gateway launches the National Foster Care Month (NFCM) website each May to help acknowledge foster parents, family members, volunteers, mentors, policymakers, child welfare professionals, and other members of the community who help children and youth in foster care find permanent homes and connections. During National Child Abuse Prevention Month (NCAPM) each April, Child Welfare Information Gateway hosts a website to highlight the importance of families and communities working together to prevent child abuse and neglect, and to promote the social and emotional well-being of children and families.

This is a request for approval by the Office of Management and Budget (OMB), under the Federal Paperwork Reduction Act of 1995, for a new data collection task to be added to the Administration for Children and Families’ already approved generic OMB clearance # 0980-0266. The proposed information collection activity includes delivering a voluntary and anonymous online satisfaction surveys to users accessing any one of the aforementioned special initiative websites: the NAM website, the NFCM website, and the NCAPM website.

Data collected from the proposed survey will be used to better understand who uses the special initiative websites and what suggestions they have for website enhancements. This information, in turn, will be used by the Children’s Bureau to better meet the needs of child welfare professionals, children, and families that access the websites.

**DESCRIPTION OF RESPONDENTS:** Respondents will include State and local governments, the territories, service providers, Indian Tribes and tribal organizations, grantees, researchers, and significant other service providers serving target populations identified by and funded directly or indirectly by ACF. An estimate of the annual response burden is outline in the following table.

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

- |  |  |
|--|--|
| <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 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 [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 [ ] 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**

Category of Respondent	No. of Respondents	Participation Time	Burden
State, local, or tribal governments	150	0.083	12.45
Private sector	150	0.083	12.45
Federal Government	150	0.083	12.45
Individuals or households	150	0.083	12.45
<b>Totals</b>	<b>600</b>	-	<b>49.8</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is approximately\_\$10,500.00\_\_

**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 figures outlined in the burden table above are based on an estimate of approximately five minutes to respond and submit each online survey. The respondent sample size (600) is based on our experiences conducting surveys of similar size and scope including separate surveys that were used on the NAM website, NFCM website, and NCAPM during 2015. A survey “widget” will be used on each page of the NAM, NFCM, and NCAPM websites that when clicked will hyperlink to an online version of the survey. An email blast will also be sent to stakeholders asking them to provide feedback by taking the online survey. Each special initiative survey will include no more than 12 questions and each initiative will use the same nine core survey questions and can select up to three optional questions.

**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.**

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

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**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.**