

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

**TITLE OF INFORMATION COLLECTION:** Child Welfare Information Gateway Needs Assessment Focus Group Guide

**PURPOSE:** Child Welfare Information Gateway (Information Gateway) is a service of the Children’s Bureau (CB), a component within the Administration for Children and Families, and is dedicated to the mission of connecting professionals and concerned citizens to information on programs, research, legislation, and statistics regarding the safety, permanency, and well-being of children and families. This information collection request is to conduct focus groups with child welfare staff in an effort to support Information Gateway’s understanding of child welfare professional needs for information so that future improvements can be made.

**DESCRIPTION OF RESPONDENTS:** Frontline staff from two child welfare jurisdictions in Virginia (Arlington Child Welfare Services and Alexandria Center for Children and Families).

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

- |                                                                        |                                                       |
|------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group       |
| <input checked="" 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: Matthew McGuire, Child Welfare Program Specialist, ACF Administration on Children, Youth and Families (ACYF)

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
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**

	<b>Number of Respondents</b>	<b>Number of Responses per Respondent</b>	<b>Average Burden Hours per Response</b>	<b>Total Burden Hours</b>
<i>Needs Assessment Focus Group Guide</i>	32	1	1.5	48

**Estimated Total Annual Burden Hours:** 48 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$1,385.28.

**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       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.

Focus groups will be conducted in March-April with frontline staff (e.g. caseworker) in two Virginia child welfare jurisdictions, Arlington Child Welfare Services and Alexandria Center for Children and Families. Recruitment for these focus groups is being conducted through Child Welfare Information Gateway’s ongoing partnerships with these agencies, via each agency’s director. Participation in these focus groups is voluntary and no incentives will be offered. Three to four, 90-minute focus groups will be conducted by two facilitators from the Child Welfare Information Gateway’s evaluation team. Each focus group, consisting of 6-8 respondents, will be conducted in-person and at locations convenient for the respondents and their jurisdictions. Based upon the total number of frontline staff for these jurisdictions, respondent sample is estimated to be 32 total for both jurisdictions.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media  
 Telephone; only if needed to accommodate respondents that cannot participate in person

In-person

Mail

Other, Explain: Live Chat and Email.

2. Will interviewers or facilitators be used?  Yes  No

## **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 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 responses and the participation time and 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.**

**Required Additional Information**

1. Line of Business: (select from lists provided in ROCIS on the edit screen)
2. Subfunction: (select from lists provided in ROCIS on the edit screen)
3. Privacy Act System of Records Notice (SORN): Title: \_\_\_\_\_
4. Federal Register citation information: Volume \_\_\_\_\_ Page No. \_\_\_\_\_
5. Number of respondents for small entities:
6. Percentage of respondents reporting electronically: