

Request for Approval under the “Fast Track Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0584-0611)

TITLE OF INFORMATION COLLECTION:

Produce Safety University Nomination Form

PURPOSE:

To electronically collect nomination forms (Appendix B: **Nomination Form for Produce Safety University**) intended for Child Nutrition Professionals and State Agency Staff to attend a week-long training course Produce Safety University (PSU) which will be offered several times a year. FNS will send a letter (Appendix A: **Sample State Agency Letter**) out to States with a link to the nomination form. The form and the letter will take approximately 15 minutes for each respondent. While nomination is voluntary, if a participant wishes to attend Produce Safety University completion of the nomination form is mandatory.

The training dates and locations change each year and the specific dates and locations are not yet known for the 2020 classes. This information will be populated prior to the form being sent to State Agency staff.

PSU is a one-week, training course designed to help Child Nutrition Professionals identify and manage food safety risks associated with fresh produce. The PSU course is designed to be a train-the-trainer immersion course, where participants are expected to conduct further training with the information they obtain. The PSU curriculum covers all aspects of the fresh produce supply chain from growing and harvesting to storage and preparation through a combination of lecture, laboratory, and field-trip instruction.

The Office of Food Safety would like to collect post codes and occupation data from the training nominees. There are five training locations where the PSU course will be offered. In order to reduce travel time/cost and facilitate regional networking among participants we hope to send participants to the training location closest to them. This requires collection of their postal code.

In order to ensure we are providing the most appropriate training content that is tailored to our audience, it will be helpful to know the occupational make-up of each training co-hort. Therefore, we plan to collect participant job titles and the name of the agency they represent.

Collection of this information on the nomination form will also ensure that OFS offers this training opportunity equally among each of the States and seven FNS Regions.

DESCRIPTION OF RESPONDENTS:

Respondents will be Child Nutrition Professionals such as school district nutrition management staff or school nutrition directors. In addition, respondents will include State Agency representatives from the State Child Nutrition Agency or Food Distribution Agency.

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 type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Training Nomination</u> |

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: Katie Del Rosario

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

Sensitive Information:

1. Will sensitive information, such as demographic characteristics, be collected from respondents?
 Yes No

2. If yes, explain the necessity of such information to the programmatic objective(s)?

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
Child Nutrition Professional	153	15 minutes	38.25 hours
State Agency Representative	65	15 minutes	16.25 hours
Totals	218		54.5 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$1,042.79.00

The cost of an FNS employee, General health series or program analyst series, assigned as program manager is estimated to require 15 hours of work on this research collection each year. Based on a GS-13 Step 4 hourly rate of \$52.27 from the 2019 General Schedule for the

Washington-Baltimore-Arlington, DC-MD-VA-WV-PA locality, the estimated annual cost of this effort is \$784.05. A fully-loaded wage rate of 33% (\$258.74) would result in an estimated cost of \$1,042.79.00.

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 No
2. 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?

USDA FNS has seven Regional Offices. Each Regional Office is responsible for working with the States in their assigned region. Each of the seven Regional offices will distribute a “Appendix A: Call for Nominations” letter to their respective State Agencies. State Agencies will then nominate participants to attend the training and provide their nominees with a link to access an electronic nomination form (FNS-909) hosted by FNS Office of Information Technology via Survey Monkey. Nominees will then submit their information via the electronic nomination form.

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”

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.

SENSITIVE INFORMATION: If you answer yes to the question, please describe the nature of the sensitive information being collected (e.g., race, sexual behavior or attitudes, religious beliefs, and other matters that are commonly considered private) and provide a justification for its use.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Businesses (i.e., Profit, Not for Profit, and/or Farms); (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 with the request. Ensure the OMB Control Number/Expiration date and the burden disclosure statement appear on each instrument as noted below:

- The OMB Control Number and Expiration date should appear on the first page of the instrument, usually in the upper right corner. This applies to paper and online instruments. It also applies to all recruiting materials, advance letters, follow-up materials, etc. The format to use for the OMB Control Number and Expiration date

is:

OMB Number: 0584-0611
Expiration Date: 09/30/2019

- The Disclosure Statement should appear on the first page of the instrument, usually centered at the bottom. This applies to paper and online instruments. The burden estimate inserted in the statement should match the burden estimate included in the Burden Table. The text to use for the Disclosure Statement is:

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0611. The time required to complete this information collection is estimated to average [insert time] minutes [or hours] per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.