

# **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:**

Customer feedback focus group with Healthy Marriage and Relationship Education (HMRE) program staff

## **PURPOSE:**

The Office of Planning, Research and Evaluation (OPRE) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services seeks approval to conduct a customer feedback focus group with staff at two Healthy Marriage and Relationship Education (HMRE) programs funded by the Office of Family Assistance (OFA) within ACF. This information collection is being carried out as part of the Self-Regulation Training Approaches and Resources to Improve Staff Capacity for Implementing Healthy Marriage Services for Youth (SARHM). The purpose of SARHM is to develop training approaches and materials to enhance program educators’ ability to support adolescent and young adult self-regulation skill development in the context of HMRE programs. SARHM will use an iterative, formative rapid cycle evaluation to develop and test the training approaches and materials with two HMRE programs serving youth. This data collection effort will obtain feedback from program staff on possible training approaches, including a self-regulation self-assessment, in preparation for the formative stage of the project evaluation.

In spring 2018, the study team will convene a feedback meeting with each program to engage program staff in discussing self-regulation concepts and their training needs and obtain feedback on the possible training approaches and a self-assessment tool to be used during the training. Feedback from participants will be used by the study team to design the next stage of the project, the formative development and testing of self-regulation training approaches and materials.

## **DESCRIPTION OF RESPONDENTS:**

Respondents are staff at two HMRE programs that serve youth, including program leaders and managers, supervisors, educators, and case managers. Up to 20 staff per program may participate in the focus group.

## **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: Aleta Meyer

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  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or Households	40	1.33 hours	53.2 hours
<b>Totals</b>	<b>40</b>	<b>1.33 hours</b>	<b>53.2 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is **\$3683.00**. This includes personnel effort plus other direct and indirect costs.

**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
  - a) 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?

All direct service and program management staff members and select contractors or partners who teach HMRE workshops at the two HMRE programs in the study will be invited to participate in the focus group.

### **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

Facilitators will be used to lead the focus group discussions.

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

The focus group topic guide is attached as Appendix A. The self-assessment questionnaire to be administered at the beginning of the focus group, the BRIEF-A, is under copyright and cannot be duplicated without permission. The BRIEF-A contains 75 items and takes 20 minutes to complete. The full citation is:

Roth, R.M., P.K. Isquith, and G.A. Gioia. *Behavior Rating Inventory of Executive Function—Adult Version (BRIEF-A)*. Lutz, FL: Psychological Assessment Resources, 2005.

## **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 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.**