

**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:** FY2019 New Capacity Building Center for States Community of Practice: County Administered State Support Interest Survey

**PURPOSE:** The *FY2019 New Capacity Building Center for States Community of Practice: County Administered State Support (CASS) Interest Survey* is designed to better understand the needs and interests of the nine (9) States that use county administered child welfare systems. This information will inform the Center for States’ efforts to plan and develop a Community of Practice that aims to support policy, practice, and program improvement efforts for these States.

This is a request for approval by the Office of Management and Budget (OMB), under the Federal Paperwork Reduction Act of 1995, for data collection activities to be authorized under the Administration for Children and Families’ generic OMB clearance # 0970-0401. Information collection activities include delivering voluntary online surveys and telephone focus groups.

**DESCRIPTION OF RESPONDENTS:** Survey respondents will include child welfare leadership staff from the nine (9) States that use county administered child welfare systems – California, Colorado, Minnesota, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Virginia. Potential respondents will include the State’s child welfare director and other key leadership to be determined in consultation with the State and Children’s Bureau. An estimate of the annual response burden is outlined in the following table.

**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                                   |   |

Other: *FY2019 New Capacity Building Center for States Community of Practice: County Administered State Support (CASS) Interest Survey*

**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: Brian Deakins, 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  No

**BURDEN HOURS**

<b>Instrument</b>	<b>Number of Respondents</b>	<b>Number of Responses per Respondent</b>	<b>Average Burden Hours per Response</b>	<b>Total Burden Hours</b>
FY2019 New Capacity Building Center for States Community of Practice: County Administered State Support (CASS) Interest Survey	45	1	0.083	3.74

**Estimated Total Annual Burden Hours: 3.74 hours**

**FEDERAL COST:** The estimated annual cost to the Federal government is approximately \$299.70

**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.

Potential respondents for all data collection consist of a finite group of child welfare leadership staff from the nine (9) County Administered State Support (CASS) States. For each State, this will include the State’s child welfare director and other key leadership which will be identified by the Center for States staff, in consultation with the Children’s Bureau.

## 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.**