

**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:** Center for States 2020 Needs Assessment Survey

**PURPOSE:** The Center for States is one of the three centers funded by the Children’s Bureau to provide national child welfare expertise and evidence-informed training and technical assistance services for State and Territorial public child welfare agencies. This request is for a needs assessment survey for child welfare agency staff and other child welfare professionals. The proposed information collection activity is intended to allow for customer input regarding the Children’s Bureau’s Capacity Building Collaborative, Center for States planning for FY2020-FY 2021.

The Center for States staff will use the feedback gathered from the survey to plan for upcoming products and services. Due to the varied needs in States and regions, the information collection is designed to allow respondents to prioritize topics of interest and then only be presented with and answer questions that are relevant to their prioritized needs. This minimizes burden to any single participant while capturing information across the breadth of potential needs.

**DESCRIPTION OF RESPONDENTS:**

Respondents will include child welfare agency staff and other professionals who can represent the capacity building service needs for their state, territory or region. These respondents will include child welfare professionals that have subscribed to the Center’s dissemination listservs (GovDelivery) and members of its constituency group listservs (Adoption managers, Foster Care managers, Permanency managers, Independent Living managers, Training managers, CQI/CFSR staff, PL 113-183 group members, In-home/PSSF managers, Hotline and intake screening managers, State liaison officers, Family leaders in child welfare).

**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>Needs Assessment Survey</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: Brian Deakins, Child Welfare Program Specialist, Children's Bureau

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 (Hours)	Burden (Hours)
Federal/State/local governments	175	.167 hours (10 min)	29 hours
Private sector	20	.167 hours (10 min)	3 hours
Indian Tribes and Tribal organizations	5	.167 hours (10 min)	1 hour
<b>Totals</b>			<b>33 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$923.52

**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?

The survey will be sent to all professionals who signed up for the Center's dissemination listserv (GovDelivery) and constituency group members listed above not subscribed to GovDelivery. The current estimate for this sample is 4,300 and total estimated number of respondents (200) is based on response rates from similar data collection efforts. Respondent category estimates are based upon analysis of role information provided through GovDelivery subscription. This will be done through existing listservs and email lists for these groups maintained by the Capacity Building Center for States or the Child Welfare Information Gateway.

**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.**