

**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:** Office of Refugee Resettlement Unaccompanied Alien Children (UAC) Path Pre Train-the-Trainer 2021 Survey

**PURPOSE:** The Office of Refugee Resettlement (ORR) Unaccompanied Alien Children (UAC) program is launching a new case management system, UAC Path. Through this proposed information collection, ORR would collect feedback from grantee care provider programs for the Train-the-Trainer phase of ORR’s implementation. This phase provides advanced instruction in the use of UAC Path to individuals identified as trainers so that they may train other users. The information collected will be used to determine the trainers’ baseline level of experience with similar systems, which will allow instructors to provide a tailored learning experience during advance instruction.

**DESCRIPTION OF RESPONDENTS:** Staff from ORR UAC grantee care provider programs.

**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: Pre Train-the-Trainer 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: Shebony C. Foster, Training Specialist, Office of Refugee Resettlement

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) |
|--|--------------------|----------------------------|----------------|
| Grantee Staff - Care Provider Programs | 61                 | 0.08                       | 4.88           |

**FEDERAL COST:** There estimated annual cost to the Federal government considers the time of an ORR contractor staff member to develop and administer the survey, and review the survey responses. No additional costs will be incurred by the Federal government. The hourly rate was multiplied by two to account for fringe benefits and overhead.

| Category of Respondent | No. of Respondents | Participation Time (hours) | Burden (hours) | Average Hourly Wage | Total Cost |
|------------------------|--------------------|----------------------------|----------------|---------------------|------------|
| ORR Contractor Staff   | 1                  | 2                          | 2              | \$82.74             | \$165.48   |

**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?

ORR plans to send the survey to 61 of its grantee staffers that are confirmed participants the UAC Path system Train-the-Trainer event.

**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: E-mail
2. Will interviewers or facilitators be used?  Yes  No

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