

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0970-0401)**

**TITLE OF INFORMATION COLLECTION:** Feedback on Confidentiality Toolkit

**PURPOSE:** The Office of Planning, Research, and Evaluation (OPRE) would like to gather feedback on the Confidentiality Toolkit to better understand how we can improve usability through future edits and/or additional documents. To do so, we need to better understand users’ goals and how to best convey information to them.

To collect this feedback, we would like to ask individuals using this toolkit about their data sharing goals, other tools that may be helpful to reach their goals, and their role and office. This information will allow OPRE to understand who is using the toolkit and how the toolkit may be improved to help users meet their related goals.

**DESCRIPTION OF RESPONDENTS:** The Toolkit is intended for staff at all levels of government who work within offices and agencies that promote the well-being of children and families, and would like to know more about the sharing of human services records while protecting their confidentiality. We suspect that most respondents will be mid-career staff working for state and local human services agencies.

### **TYPE OF COLLECTION:**

- |  |   |
|--|---|
| <input checked="" 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 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 primary purpose of the results is not for public dissemination.
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 and affiliation: Aaron Goldstein, HHS/ACF/OPRE

To assist review, please provide answers to the following questions:

### **Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No  
The information will be collected via email, so we expect to collect individuals’ email address and the PII in their email signature. Since this topic is specific to individuals’ work, the signature will most likely include their name and business contact information.

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**

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
Feedback Questions	Social And Community Service Managers	18 per year	1	10 minutes	3 hours per year
<b>Totals</b>		18 per year	1	10 minutes	3 hours per year

**FEDERAL COST:** The estimated annual cost to the Federal government is \$240

**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?

**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: Email
2. Will interviewers or facilitators be used?  Yes  No

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