

# 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:** Children’s Bureau’s Capacity Building Collaborative, Center for States (Center) Feedback Survey

**PURPOSE:** The proposed *Center for States Feedback Survey* is intended to allow for customer input regarding the Children’s Bureau’s Capacity Building Collaborative, Center for States (Center) planning for FY 2022-2024. Respondents will include child welfare agency leadership and potentially their designees. Feedback received from this survey will allow Center staff to utilize input from current service recipients to plan for upcoming products, events, and services. This includes formal publications disseminated via the Center’s website, public webinars, and peer group events that target the needs of specific constituency groups that the Center serves.

The proposed survey is designed to collect information about three areas to support positive outcomes for children, youth, and families and is part of a larger needs assessment effort. The first portion focuses on child welfare agency efforts to address racial and ethnic inequities. The second portion looks at how child welfare agencies partner with youth and families with lived experience in their planning and improvement efforts. The third portion focuses on the status of workforce recruitment and retention in child welfare agencies and strategies and needs for improving and supporting the workforce. It includes questions about the impact of the COVID-19 pandemic on agency recruitment and retention of its workforce.

**DESCRIPTION OF RESPONDENTS:** Respondents will include up to one representative from each of 52 state and territorial child welfare agencies responding on behalf of the jurisdiction.

**TYPE OF COLLECTION:**

- |   |   |
|---|---|
| <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>Feedback 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 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: Beth Claxon, Child Welfare Program Specialist, ACF Administration on Children, Youth and Families (ACYF)

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

**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**

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
Center for States Feedback Survey	Individuals	40	1	0.333	13.3
<b>Totals</b>					<b>13</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$1053.12

**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.

Respondents will include up to one representative from each state child welfare agency who respond on behalf of the jurisdiction. Invitations will be sent to 52 child welfare leaders through an existing State Child Welfare Directors listserv operated by Child Welfare Information Gateway, a service of 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.**