

**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 Children Program Training Feedback Surveys

**PURPOSE:** The Office of Refugee Resettlement, Unaccompanied Children (UC) Program within the Administration for Children and Families (ACF), is dedicated to ensuring the care, safety, and well-being of unaccompanied children in its care and custody.

ORR’s Training and Technical Assistance (TTA) Center will collect feedback from UC Program staff to inform an effort to identify current gaps and determine future learning needs. This broader effort is referred to as the comprehensive Training Needs Assessment (TNA). Two surveys are proposed; one survey will be sent to the UC care provider network and the other will be sent to ORR federal<sup>1</sup> and contractor staff. The TTA Center will use the information collected in the surveys to support the design and development of a comprehensive Training Plan for the UC Program.

**DESCRIPTION OF RESPONDENTS:**

Respondents will be care provider program directors and ORR contractor staff (i.e., Case Coordinators, Contract Field Specialists, Intakes Specialists, and other ORR contract staff).

**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>Training Needs 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: Shebony Foster, Training Specialist, ACF Office of Refugee Resettlement

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

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<sup>1</sup> The collection of information from federal staff is not subject to PRA and they are not included in the burden estimates.

**Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [ ] Yes [X] 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 [X] No

**BURDEN HOURS**

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
ORR UC Program Training Feedback Survey – ORR Contractor Staff	Private Sector	75	1	0.17 hours	12.75
ORR UC Program Training Feedback Survey – UC Care Provider Programs	Private Sector	75	1	0.33 hours	24.75
<b>Total</b>		<b>150</b>	<b>1</b>	<b>0.25 (avg)</b>	<b>37.50</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$3,510.4 This cost includes estimated staff time to administer the survey, follow-up, and to analyze the data received. Administrative time is estimated at two hours per survey (one hour for distribution and one for follow-up) and analysis time is based on the number of questions and anticipated responses per survey. The total estimated time is 18 hours for the survey to contractors and 22 hours for the survey to care providers. Calculations are based on an hourly rate of \$87.76 which is reflective of the labor cost of Social Scientist and Related Worker based on the mean hourly wage for this position as reported by the Bureau of Labor and Statistics<sup>2</sup> and inclusive of estimated overhead costs (2 x \$43.88).

**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?  
[X] 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?

UC Care Provider Programs – A web-based survey link will be sent by email to Program Directors from each of the ORR Care Provider programs targeted for this survey. This includes Program Directors from shelter, therapeutic shelter, therapeutic group home, group homes, and

<sup>2</sup> <https://www.bls.gov/oes/current/oes193099.htm>

residential treatment centers in the ORR/CP network. ORR's Care Provider Distribution list will be used to identify email addresses for survey dissemination.

ORR Contractor Staff – A web-based survey link will be sent by email to ORR federal and contractor staff. ORR will use its internal staff distribution lists to identify email addresses for survey dissemination.

**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.**