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

TITLE OF INFORMATION COLLECTION: Office of Refugee Resettlement UC Program Linguistic Support Feedback Survey

PURPOSE: The Office of Refugee Resettlement (ORR), Unaccompanied Children (UC) Program plans to gather feedback from its care provider programs on languages spoken by staff and languages spoken by the local community. The UC Program will use this feedback to improve services provided by the UC Program. Specifically, the feedback will assist the UC Program in understanding where programs with high populations of specific cultural/linguistic backgrounds are located. This will improve ORR's ability to make informed decisions about and provide appropriate support for placement of UC in programs with staff that speak the child's preferred language. The survey is voluntary and will be conducted quarterly.

DESCRIPTION OF RESPONDENTS: ORR care provider programs

TYPE OF COLLECTION:

[ ] Customer Comment Card/Complaint Form   [ ] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software   [ ] Small Discussion Group
[ ] Focus Group   [X] Other: Linguistic Support 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 <u>not</u> raise issues of concern to other federal agencies.
4. The primary purpose of the results is <u>not</u> for public dissemination.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: <u>Shannon Herboldsheimer, Procedures Analyst, UC Policy Unit, ORR</u>

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

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 (hours)	Burden Hours
Linguistic Support Survey	ORR care provider programs	240	4	0.17	163.2
	Totals				

FEDERAL COST: The annualized cost estimate for each of these instruments considers the time of a step 1 GS-12 in the Washington, DC locality to review information following submittal. No additional costs will be incurred by the Federal government. The hourly rate was multiplied by two to account for fringe benefits and overhead.

No. of Federal Staff	No. of Responses per Federal Staff per year	Burden per Response (hours)	Annual Burden	Average Hourly Wage	Total Annual Cost
5	192	0.17	163.2	$86.08	$14,048.26

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?

<div align="center">[X] Yes   [ ] No</div>

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 will use its care provider distribution list to disseminate the survey. The survey will be sent to all care provider programs. We anticipate that the majority of programs will provide feedback, as the result will improve the services provided.

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
       [X] Other, Explain: Email

2. Will interviewers or facilitators be used? [ ] Yes [X] No