## 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 *Understanding Post Adoption and Guardianship Instability for Children and Youth Who Exit Foster Care* (PAGI) Project Toolkit Resources.

**PURPOSE:** The *Understanding Post Adoption and Guardianship Instability for Children and Youth Who Exit Foster Care* (PAGI) project Toolkit resources are intended to help state child welfare agencies develop more systematic data systems to track instability outcomes in children who exit foster care to adoption or guardianship. The project team plans to present an overview of the PAGI Toolkit resources during a meeting hosted by the Center for States and the Children’s Bureau. The project team will solicit feedback on the usefulness, feasibility and applicability of the Toolkit resources. The meeting includes state child welfare agency staff whose work focuses on adoption or guardianship. The feedback collected will help inform decisions to help ensure that the Toolkit resources best serve state child welfare agency staff.

**DESCRIPTION OF RESPONDENTS**: Respondents include state child welfare agency staff with expertise in adoption and guardianship in the United States.

**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: \_Discussion during a webinar

**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: Alysia Blandon, Office of Planning, Research, and Evaluation

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**  | **Burden Hours** |
| Feedback Questions: Toolkit Resources | Private Sector: State child welfare agency staff  | 50 | 1 | .4 hours | 20 hours |

**FEDERAL COST:** The estimated annual cost to the Federal government is $4,000

**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?

Respondents will include participants at meeting of state child welfare agency staff hosted by the Center for States and the Children’s Bureau. All participants will be invited to provide feedback.

**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 During a video conference

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

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

Instruments & Attachments:

 Instrument 1: Proposed Questions