

**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:** Fathers and Continuous Learning Dissemination Pilot

**PURPOSE:** Recognizing the importance of fathers and paternal relatives in their children’s lives, the Office of Planning, Research, and Evaluation (OPRE)—in partnership with the Children’s Bureau and the Office of Family Assistance—sponsored the Fathers and Continuous Learning in Child Welfare (FCL) project. The project is designed to work with child welfare agencies to identify and test strategies to engage fathers and paternal relatives and to create a culture within agencies that prioritizes engaging fathers and paternal relatives. Conducted by Mathematica and the University of Denver, the FCL project tested the use of a methodology known as the Breakthrough Series Collaborative (BSC) to improve placement stability and permanency outcomes for children with five child welfare agencies.

As part of the BSC, the FCL team provided agencies with several tools and templates to guide their efforts. Before releasing these tools and templates for broader use by agencies who are not involved in a BSC, the FCL is conducting a 12-month pilot to test the use of these tools with an additional four agencies interested in furthering their father engagement work. The FCL team will share tools and resources with participating agencies and ask for their feedback via brief polls (Instrument 1), open ended questions during regularly scheduled calls (Instrument 2), and a short survey (Instrument 3). After the 12-month pilot, the FCL team will revise the tools based on feedback from the sites (as needed) and repackage them before sharing with other child welfare agencies and their community partners.

**DESCRIPTION OF RESPONDENTS:** Respondents include: 1) child welfare administrators, 2) child welfare program directors, 3) child welfare supervisors and frontline staff, 4) community partners engaged in fatherhood work, and 5) fathers and paternal relatives.

**TYPE OF COLLECTION:**

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input checked="" 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: Pooja Gupta Curtin and Katie Pahigiannis, OPRE

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 (hours)	Burden Hours
All-Team Call Brief Polls	State, local, or tribal governments	48	4	.08	16
Team Meeting Qualitative Feedback Questions	State, local, or tribal governments	48	4	.17	32
Survey	State, local, or tribal governments	48	1	.17	8
<b>Totals</b>		<b>48</b>	<b>6</b>	<b>Avg: .194 hours</b>	<b>56</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$14,180.

**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?

State and county child welfare agencies who were interested in improving engagement of fathers and paternal relatives asked to participate in the dissemination pilot via their Children’s Bureau Regional Program Managers. Respondents will be the team members participating in the FCL dissemination pilot.

**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.**

**Attachments**

- Instrument 1. FCL Dissemination Pilot All-Team Call Brief Polls
- Instrument 2. FCL Dissemination Pilot Team Meeting Qualitative Feedback Questions
- Instrument 3. FCL Dissemination Pilot Survey

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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### **Information collections approved under this Generic must display the required Paperwork Reduction Act information, which includes the following:**

1. On the upper right of the first page: OMB Control Number: 0970-0401, Expiration Date: June 30/2024.
2. At the bottom of the first page, include the following language. For red text in brackets, choose the best option and delete the other bracketed option(s). Replace highlighted areas with content specific to your collection.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: [Through this information collection, ACF is gathering information to...]/[The purpose of this information collection is to....] Public reporting burden for this collection of information is estimated to average XX [hours]/[minutes] per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact...

### **Submit all instruments, instructions, and scripts with the request. Each instrument should be an individual file and should be titled to match the title in the burden table.**

### **The following provides information to fill out the form categories in this document.**

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check the appropriate box(es) for the proposed information collection.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved. On the Name line, include the name, program office, and role of the **federal** point of contact.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Information Collection:** Provide the title of the information collection(s) (ex. Grantee meeting feedback form). Please make the title in the burden table and the title of the corresponding file match.

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**No. of Responses per Respondent:** Provide the number of times each respondent will respond to an information collection. This is usually just once for requests under this generic, but there may be instances where a collection requires more than one response per respondent.

**Estimated Time per Response:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group). This can be in minutes or hours.

**Burden:** Multiply: (No. of Respondents) x (No. of Responses per Respondent) x (Estimated Time per Response). If you provided an estimated time per response in minutes, divide the total product by 60 to provide a burden estimate in hours.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government. This should include only costs *directly* related to this specific data collection.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide a brief description of the sampling plan within this document or if the plan is more complex, you can include a description in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.