

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

**TITLE OF INFORMATION COLLECTION:** *Child and Family Services Reviews State Lead Survey and Child and Family Services Reviews Specialist Survey*

**PURPOSE:** The purpose of the proposed *Child and Family Services Reviews (CFSR) State Lead Survey* and the proposed *Child and Family Services Reviews Specialist Survey* is to understand CFSR State Leads’ and Specialists’ awareness and use of the Capacity Building Collaborative’s Center for States (the Center) CFSR services and supports including satisfaction with the Center’s supports and services as part of continuous quality improvement. Jurisdictions and states may opt in to receive the Center’s Tailored Services CFSR Support Plan services. These proposed surveys will be offered to all CFSR State Leads and CFSR Specialists who are/were involved with a jurisdiction that selected to receive these services. Responses will also be used to enhance the Center’s capacity development efforts among jurisdictions regarding the use of racial equity approaches and ways to engage individuals with lived experience and/or expertise in the child welfare system.

**DESCRIPTION OF RESPONDENTS:** CFSR State Leads are leads for the CFSR process from public child welfare agencies in their respective states or jurisdictions that are receiving Center services. CFSR Specialists are federal contractors who are assigned to specific regions to provide support and guidance to specific states and jurisdictions throughout the CFSR process.

**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 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: 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**

<b>Information Collection</b>	<b>Category of Respondent</b>	<b>Annual No. of Respondents</b>	<b>Annual No. of Responses per Respondent</b>	<b>Estimated Time per Response</b>	<b>Annual Burden Hours</b>
<i>CFSR State Lead Survey</i>	Individuals from State and Territory Governments	20	1	0.25	5
<i>CFSR Specialist Survey</i>	Individuals who are Federal Government Contractors	10	2	0.167	3.34
<b>Totals</b>					<b>8</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$7,341.60

**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?

Jurisdictions and states may opt in to receive the Center’s Tailored Services CFSR Support Plans services. These proposed surveys will be offered to all the CFSR State Leads and CFSR Specialists who are/were involved with a jurisdiction that opted to receive these services.

**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.**