## Request for Approval under the “DOL Departmental Generic Clearance for the Collection of Routine Customer Feedback”

## (OMB Control Number: 1225-0088)

**TITLE OF INFORMATION COLLECTION:** National Longitudinal Survey of Youth Needs Assessment for Proposed NLSY26 Cohort and Feedback on Past NLSY79 and NLSY97 Cohorts– User Survey

**PURPOSE:**

The purpose of this request for approval under the existing generic clearance 1225-0088 is for a user survey to collect feedback for a possible new cohort of the National Longitudinal Survey of Youth (NLSY). BLS would like to obtain feedback from stakeholders regarding uses of and improvements to past NLSY cohorts, such as the NLSY79 and NLSY97, as well as what the suggested priorities would be for the design of a new cohort. This information will be used to guide future data collections efforts on the proposed NLSY26 cohort.

The National Survey of Youth is a nationally representative longitudinal survey which collects data on labor, education, and general life experiences to understand how an entire generation of Americans experience the workforce.

The Survey is sponsored by the Bureau of Labor Statistics (BLS) within the Department of Labor. Many agencies rely on the NLSY to inform policy decisions related to the U.S. workforce.

**DESCRIPTION OF RESPONDENTS**:

Respondents are stakeholders for the NLSY cohorts. These stakeholders are familiar with NLSY data either through use of NLSY data or the research generated by these data. These stakeholders are interested in contributing feedback.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [x ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [ ] 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 results are not intended to be disseminated to the public.
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:\_\_Keenan Dworak-Fisher

Director National Longitudinal Surveys of Youth

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [x] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Applicable, has a System or Records Notice 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden** |
| Individuals | Estimated 300 | 20 minutes | 100 |
| - |  |  |  |
| **Totals** | **300** | 20 | **100** |

**FEDERAL COST**

The estimated annual cost to the Federal government is $9,281.60 (an estimated 160 hours of work based on a GS-13/5, which is roughly $58.01 per hour).

**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 [X ] 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?

We plan on surveying respondents who have used NLSY data for research purposes in the past or are otherwise familiar with the study and interested in contributing to the potential new round of the NLSY. Invitations to complete the survey will be shared directly with a variety of stakeholders, including those from a variety of different entities both private and public who have previously used NLSY data to inform policy or conduct research, governmental agencies and departments who have an interest in the survey, and governmental agencies and departments with which BLS has engaged in outreach in the past. An invitation will also be sent to NLS data users who have contacted the dissemination site regarding NLS data. All these individuals would be encouraged to complete the survey.

In addition to these lists, a link to the user survey will be also included on a BLS website, accessible to the public, which will be referenced in a FRN listing, shared with professional organizations, and included in other outreach activities involving small groups of stakeholders. Any interested party may choose to complete the survey.

The feedback will be collected in a Qualtrics survey programmed by NORC and approved by BLS.

There will be no interviewers for this process. All information will be collected in web mode.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[x] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

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

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

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

**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 XXXXX)

**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 one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

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

**BURDEN HOURS:**

**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.

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

**Participation Time:** 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)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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 the sampling plan 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.

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