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

**TITLE OF INFORMATION COLLECTION:** Verification of Release Card Feedback

**PURPOSE:** The Verification of Release (VOR) Card is a wallet-sized, plastic card version of the Office of Refugee Resettlement’s (ORR) VOR form (currently approved under OMB #: 0970-0552), which provides unaccompanied children with something much more durable and easier to keep on hand for day-to-day use. ORR provides a paper VOR form to all unaccompanied children upon release from ORR care to an approved sponsor. The VOR form, and the new VOR Card, is intended to serve as official proof that an unaccompanied child has been processed through ORR care and custody and has been subsequently released to the care and custody of their adult sponsor, who has also been vetted by ORR. The VOR Card launched in January 2024, starting with a pilot at three care provider programs.

This survey seeks to collect feedback on this new initiative. Respondents will have interacted with unaccompanied children and their sponsors, and this survey seeks to learn from what the providers have heard from children and sponsors so that ORR can improve the VOR Card initiative. ORR will use the responses to measure the effectiveness of the cards and inform future improvements.

**DESCRIPTION OF RESPONDENTS**: Respondents will be ORR care providers and post-release service (PRS) providers. The VOR Card will first be mailed to unaccompanied children discharged from three care provider programs, so ORR will initially seek respondents from those programs. As VOR Cards are mailed to more children across ORR’s network, ORR will select a random sampling of care providers and PRS providers to provide feedback. At each point, ORR will close the survey once it reaches 100 responses. ORR intends to use the surveys repeatedly, a maximum of six times, until June 30, 2026.

**TYPE OF COLLECTION:**

[ ] 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 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: Kira Tebbe, Product Manager, ACF Tech, ACF

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** |
| VOR Card Feedback | Private Sector –Care Provider Program Staff Members and PRS Providers | 600 | 1 | 6 minutes | 60 |

**FEDERAL COST:** The total cost estimate considers the time of a step 1 GS-11 in the Washington, DC locality to 1) develop and conduct the survey, and 2) review information obtained during the survey sessions.  No additional costs will be incurred by the Federal government.  The hourly rate was multiplied by two to account for fringe benefits and overhead.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Number of Federal Staff** | **Total Number of Survey Sessions/Reviews Per Federal Staff** | **Average Burden Hours Per Session/Review** | **Total****Burden Hours** | **Average Hourly Wage** | **Total Cost** |
| 1  | 6  | 2  | 12  | $82.76  | $993.17  |

**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?

ORR will initially seek respondents from the three care provider programs currently piloting the VOR Card (maximum 10 staff members at each care provider). As the pilot expands and VOR Cards are mailed to more children across ORR’s network, ORR will use its internal care provider directory and a random sampling function in Excel to identify target respondents. At each point, ORR will close the survey once it reaches 100 responses. ORR intends to use the surveys repeatedly, a maximum of six times, until June 30, 2026.

**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