

**Request for Approval under the “Fast Track Generic Clearance for the
Collection of Qualitative Feedback on Agency Service Delivery” (OMB Control
Number: 0704-0553)**

TITLE OF INFORMATION COLLECTION: Lejeune-New River School Age Care Child Youth Programs Survey

PURPOSE:

The proposed collection is needed to obtain program feedback on current practice from enrolled families, develop internal improvement strategies, and maintain School Age Care (SAC) Facility National Accreditation for Camp Lejeune-New River Stone Street Youth Program (SSYP) and Tarawa Tarawa Youth Program (TTYP). SAC personnel will distribute the voluntary survey in person to the parents and guardians of children enrolled at the SSYP and TTYP facilities during child pick up and drop off. Surveys are intended to be distributed and returned in a single interaction. Completed surveys will be to assess current patron satisfaction, maintain accreditation, and to make program needs recommendations to installation leadership.

DESCRIPTION OF RESPONDENTS:

Potential respondents are the adult parents and guardians of children enrolled at the SSYP and TTYP facilities, which include active duty military, military spouses, and civilian personnel.

TYPE OF COLLECTION: (Check one)

☐ Customer Comment Card/Complaint Form	☒ 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: _____ Ulrike Johnson

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

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

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or Households (Military spouses)	90	5 minutes	7.5 hours
Totals	90		8 hrs

PUBLIC COST: The estimated annual cost to the public is \$166.95

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?

The survey will be distributed to the adult parents or guardians of the approximately 120 families enrolled in the Camp Lejeune-New River SSYP and TTYP SAC Programs. Data from the completed surveys will be aggregated and reviewed by program leadership. Survey results will be anonymous and kept secure.

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