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

TITLE OF INFORMATION COLLECTION: Ask Me Anything (AMA) Session Evaluation & Interest Survey

PURPOSE AND USE: In March 2023 the Division of Quality Improvement (DQI) within the Office of Refugee Resettlement (ORR) Unaccompanied Children Bureau (UCB) implemented an Ask Me Anything (AMA) webinar series to support ORR’s mission to promote the health, well-being, and stability of refugees, unaccompanied children, and other eligible individuals and families, through culturally responsive, trauma-informed, and strengths-based services, and foster information sharing and communication between ORR and its stakeholders including providers and internal ACF federal staff.

The AMA session is an informal, optional webinar series held regularly, in which ORR UCB teams and other ACF offices (e.g., Office of Head Start, Children’s Bureau, etc.) are invited to share information about their structure, purpose, mission, priorities, goals, and relevant topics (e.g., Post-Release Services expansion) with UCB care provider staff. Participants are given an opportunity through an informal question-and-answer portion of the session to ask questions they may have directly to the team member subject matter experts (SME) and receive real time responses.

DQI will administer a survey once per year to UCB care provider staff who have attended AMA sessions to: a) determine their satisfaction levels with the sessions (i.e., gauge if they find the sessions beneficial); b) solicit additional feedback on what other topics participants are interested in hearing about; and c) solicit feedback on how the sessions might be improved/enhanced. DQI will utilize the information collected in the surveys to evaluate and further develop/modify both the structure and delivery of AMA sessions with the UCB Program.

The survey is completely voluntary and will be open for about 14 days from the date that it is shared. It should take approximately 5 minutes to complete.

DESCRIPTION OF RESPONDENTS: Respondents include grantee care provider staff. This includes but not limited to program directors, case managers, clinicians, youth care workers, non-direct care staff, direct care staff (as applicable).

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: Gregory Kurth, Supervisory Program Management Specialist

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

Tokens of Appreciation or Honoraria:

Will a token of appreciation or honoraria be provided to participants? ☐ Yes ☒ No

BURDEN HOURS

Information Collection	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Estimated Time per Response	Burden Hours
AMA Session Evaluation & Interest Survey	Private Sector - UCB Care Provider Program Staff	700	1	5 minutes	58.33

FEDERAL COST: The total cost estimate considers the time of a step 4 GS-13 in the New York locality to 1) develop and conduct the survey, and 2) review and analyze information obtained from the survey responses. No additional costs will be incurred by the Federal government. The hourly rate of \$64.03 was multiplied by 2 to account for fringe benefits and overhead.

Total Number of Federal Staff	Total Number of Survey Sessions/Reviews Per Federal Staff	Average Burden Hours	Total Burden Hours	Average Hourly Wage	Total Cost
1	700	.17	119	\$ 128.06	\$ 15,239.14

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.

A web-based survey link will be emailed and/or shared electronically (e.g., in chat section of the webinar) on a yearly basis to provider staff who have attended AMA sessions. The survey will be emailed to the attendee list, which is derived from the AMA email distribution list. The AMA distribution list was developed from both the internal Program Management tool and a previous internal provider list from ORR UCB management that has been built upon as we received staff requests to be included in AMA session invitations.

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