

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1071)**

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**TITLE OF INFORMATION COLLECTION:** Understanding food safety in correctional settings

### **PURPOSE:**

Persons living in correctional facilities are disproportionately impacted by foodborne outbreaks. CDC is working to improve food safety through the development of model food safety practices for correctional settings, education, and policy initiatives. For more effective programs to be designed, we need a better understanding of food safety practices, policies, and training. To collect this information, we plan on hosting group listening sessions at organizational meetings and conferences supplemented by additional semi-structured interviews when needed (attachments 1-3).

The specific objectives of the **listening sessions and interviews** are to:

- Gain insight into food safety practices in correctional settings
- Understand barriers and needs to facilitate change in food safety policies and regulations
- Better scope the model food safety practices in the experiences of parties directly involved in food preparation and food safety evaluations in correctional settings

**DESCRIPTION OF RESPONDENTS:** We intended to conduct interviews and/or listening sessions with three target groups: correctional partners, public health law attorneys, and correctional food workers, trainers, or inspectors. Each set of respondents have different roles in improving food safety in correctional facilities and therefore provide unique opinions and perspectives. We would like to better understand the barriers and enablers of change for each group so that we may design a more effective program to support food safety. Whenever possible, group listening sessions will be conducted at organizational meetings or conferences. Due to this co-mingled setting, we are unable to delineate respondents by individual respondent categories (state, local, tribal government; private; federal government employees, etc.). Conferences and meetings, particularly of correctional partners may contain individuals from multiple respondent groups and affiliation will not be collected during the listening session to ensure privacy. Interviews may be used to supplement information gathered at conferences or to reach populations that are not present at meetings or conferences.

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

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input 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 checked="" type="checkbox"/> Other: <u>interviews and listening sessions</u> |

### **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: Naomi Drexler

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
Correctional partners (private; state, local, tribal government; federal government)	100	1 hour	100 hours
Public health law attorneys (state, local, tribal government)	40	30 minutes	20 hours
Correctional food workers, trainers, or inspectors (private; state, local, tribal government; federal government)	100	1 hour	100 hours
<b>Totals</b>			<b>220 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$15,000 (travel, 5% time)

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions: N/A**

### 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?

### 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 interviews may be conducted on Teams or Zoom  
Listening sessions and interviews may be conducted in person, on Teams or Zoom.
2. Will interviewers or facilitators be used?  Yes  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”**

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**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 xxxx)

**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.**