

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

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**TITLE OF INFORMATION COLLECTION:** The Child Welfare Capacity Building Collaborative’s CapLEARN Registration Form on the Child Welfare Information Gateway Website

**PURPOSE:** The [Children's Bureau](#), Administration for Children and Families, U.S. Department of Health and Human Services, funds the Child Welfare Capacity Building Collaborative, a partnership of three centers—the [Center for States](#), [Center for Tribes](#), and [Center for Courts](#). The Collaborative is designed to help public child welfare agencies, Tribes, and courts enhance and mobilize the human and organizational assets necessary to meet Federal standards and requirements; improve child welfare practice and administration; and achieve safety, permanency, and well-being outcomes for children, youth, and families. Website support for the Collaborative is provided by the Child Welfare Information Gateway, an information dissemination service funded by the Children’s Bureau. The Child Welfare Information Gateway hosts CapLEARN, an on-line tool developed by the Collaborative to provide training, learning, and professional development opportunities.

This is a request for approval by the Office of Management and Budget (OMB), under the Federal Paperwork Reduction Act of 1995, for an information collection task to be added to the Administration for Children and Families’ already approved generic OMB clearance # 0970-0401. The proposed information collection activity includes asking online users to provide background information when completing the CapLEARN registration process. Background information collected from registration forms will be used to better understand what types of users are registering for CapLEARN and the information, training, and resources they seek. This information, in turn, will be used by the Collaborative to better meet the needs of users.

The CapLEARN registration process and database is also currently undergoing a privacy impact assessment (PIA) with the ACF Privacy Office and DHHS (PIA# P-3573266-559146).

**DESCRIPTION OF RESPONDENTS:** CapLEARN registrants primarily include State, Territory, Tribal and local governments serving child welfare populations. An estimate of the annual response burden is outline in the following table.

**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>Online Registration Form</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.



**FEDERAL COST:** The estimated annual cost to the Federal government is approximately \$6,926.4.00

**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.

Anyone who wishes to participate in on-line training hosted on CapLEARN will register for the system and complete the identified fields.

**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
2. 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”**

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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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**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 per row.

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

**Participation Time:** Provide an estimate of the amount of time (in minutes) 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 Respondents and the Participation Time then 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.

**Submit all instruments, instructions, and scripts are submitted with the request.**