

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

**TITLE OF INFORMATION COLLECTION:** Child Welfare Information Gateway  
CapLEARN Registration Form

**PURPOSE:** CapLEARN is a learning management system on the Child Welfare Information Gateway website (learn.childwelfare.gov) and participants will fill out the registration form to create an account that they will use to enter the platform. Users’ accounts will allow them to track their own learning progress, provide information regarding webinar access, as well as schedule meetings and coordinate service delivery opportunities. Information provided in the registration form will allow the training developers to understand whether service delivery is reaching the intended audience in an aggregate.

**DESCRIPTION OF RESPONDENTS:** Respondents will include those who voluntarily decide to sign up for a CapLEARN account to participate in the available trainings.

**TYPE OF COLLECTION:**

- |  |   |
|--|---|
| <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: CapLEARN Registration Form |

**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: Beth Claxon, Child Welfare Program Specialist, ACF Administration on Children, Youth and Families (ACYF)

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

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ X ] No

**BURDEN HOURS**

<b>Information Collection</b>	<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Estimated Time per Response</b>	<b>Burden Hours</b>
Child Welfare Information Gateway’s CapLEARN Registration Form	Individuals	2,000	1	.083	166.67
<b>Totals</b>					<b>166.67</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,711.32

**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?

Respondents to the registration will be those who voluntarily decide to create an account on the Child Welfare Information Gateway CapLEARN website (<https://learn.childwelfare.gov/>).

**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.**