

Request for approval under the clearance of the “Generic CCWIS Review & Technical Assistance” OMB control Number: 0970-0XXX

TITLE OF INFORMATION COLLECTION: Generic Clearance for the Comprehensive Child Welfare Information System (CCWIS) Review and Technical Assistance Process

TYPE OF REQUEST:

- Update to Existing Tool under 0970-0XXX
- New Tool

DESCRIPTION OF THE REQUEST (Overview of request, purpose of tool, use of information):

The CCWIS Review and Technical Assistance information collection includes several Technical Assistance (TA) tools for title IV-E agencies to self-assess their conformity to CCWIS project and design requirements at 45 CFR §1355.52-3.

The information collected under this generic clearance is intended to be used by CB for review and technical assistance processes to meet the requirements of 45 CFR §95.621. Information collected may also be shared with other ACF divisions to ensure the title IV-E agencies are using the CCWIS in a manner that is consistent with the proper and efficient administration of title IV-E programs.

For this program-specific GenericIC, ACF is submitting TA tools intended for title IV-E agencies to self-assess their conformity to CCWIS project and design requirements. These include the following self-assessments:

- Program Area: Description

DESCRIPTION OF RESPONDENTS: Title IV-E agencies under the Social Security Act.

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.

Name: Tresa Young

To assist OMB review of your request, please provide answers to the following question:

PERSONALLY IDENTIFIABLE INFORMATION:

- 1. Is personally identifiable information (PII) collected? [] Yes [X] 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

BURDEN HOURS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Burden per Response	Total Burden
State, Local, or Tribal Governments	55	1	12	660
Totals				

FEDERAL COST: The estimated annual cost to the federal government is \$11,847

TYPE OF COLLECTION:

How will you collect the information? (Check all that apply)

- [] Web-based
- [] E-mail
- [] Paper mail
- [X] Other, Explain

Self-Assessment tools

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the “Generic Performance Progress Report”

FORM AND INSTRUCTIONS

- **All PPR instruments must display the following required PRA information:**
 - OMB Control Number: 0970-0XXX
Expiration date: XX/XX/2023
 - The following statement (replace the X’s with the estimated time for your collection):

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average XX hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

- **Submit the data collection form as one individual file and the instruction document as one individual file.**

SUBMISSION FORM

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request.

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used.

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.

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 (PII): 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.

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 Government; 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.

No. of Responses per Respondent: Provide the number of responses per respondent per year.

Burden per Response: Provide an estimate of the amount of time (in minutes) required for a response

Burden: Provide the burden hours by multiplying: (# of respondents) x (# of responses) x (burden per response).

FEDERAL COST: Provide an estimate of the annual cost to the federal government.

TYPE OF COLLECTION: Check all that apply. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

Submit all instruments, instructions, and scripts with the request.