## Request for Approval under the clearance of the “Generic CCWIS Review & Technical Assistance” Office of Management and Budget (OMB) Control Number: 0970-0568

**TITLE OF INFORMATION COLLECTION:** Comprehensive Child Welfare Information System (CCWIS) Review and Technical Assistance Process Self-Assessment Tool: Data Quality and Reporting

**PURPOSE:** The Data Quality and Reporting Self-Assessment Tools submitted under this overarching generic clearance will be used by the Children’s Bureau to:

* Proactively identify risks, system shortcomings, or deficiencies in system planning, design, and/or implementation;
* Identify gaps and determine strategies for improvement or corrective action, or to allow a project course change; and,
* Identify the need for additional technical assistance or further federal guidance.

The specific self-assessment tools submitted as part of this generic information collection request are described in the following table:

|  |  |
| --- | --- |
| **Topic** | **Purpose/Use** |
| Data Quality | This tool provides a framework for the agency to self-assess the effectiveness of its data quality efforts and supports the design of an efficient, economical, and effective system that meets the data quality requirements and goals under 45 CFR § 1355.52(d). |
| Reporting | Assists agencies with meeting federal child welfare reporting requirements and goals when designing and developing CCWIS modules and systems to meet program and design requirements under 45 CFR § 1355.52(a). This tool will help agencies assess the effectiveness of report design, development, and training practices. |

**DESCRIPTION OF RESPONDENTS:** States and tribes receiving title IV-E funding for a CCWIS.

**CERTIFICATION:**

I certify the following to be true:

1. The collection is in compliance with U.S. Health and Human Services regulations.
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. Information gathered will not be used for the purpose of substantially informing influential policy decisions.

Name: Tresa Young, Management Program Analyst, ACF Children’s Bureau­­\_\_\_\_

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 been published? [ ] Yes [ ] No

**BURDEN HOURS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Information Collection** | **Category of Respondent** | **No. of Respondents** | **No. of Responses per Respondent per year** | **Burden hours per Response** | **Annual Burden** |
| Data Quality Self-Assessment Tool | Title IV-E Agencies | 55 | 1 | 10 | 550 |
| Reporting Self-Assessment Tool | Title IV-E Agencies | 55 | 1 | 10 | 550 |
| **Total** | **1100** |

**FEDERAL COST:** The estimated annual cost to the Federal Government is $23,694.

**TYPE OF COLLECTION:**

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

[ ] Web-based

[X] E-mail

[ ] Paper mail

[ ] Other, Explain

**Please make sure to submit all instruments, instructions, and scripts with the request.**