## 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: Financial Self-Assessment Tool

**PURPOSE:** The Financial Self-Assessment Tool 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 is described in the following table:

|  |  |
| --- | --- |
| **Topic** | **Purpose/Use** |
| Financial Data Exchanges and Functions | This tool will help agencies self-assess compliance with CCWIS requirements regarding authorizing and processing payments, submitting claims for federal reimbursement, and the effectiveness of data-sharing practices to support complete, timely, and accurate processing and reporting of financial data related to supporting children and families. |

**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, Director, Division of State Systems, 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** |
| Child Welfare Contributing Agency Self-Assessment Tool | Title IV-E Agencies | 55 | 1 | 10 | 550 |
| **Total** | **550** |

**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

[X] E-mail

[ ] Paper mail

[ ] Other, Explain

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