Form Approved

 OMB No.: 0970-0223

Expires: xx/xx/xxxx

**CSE Program Self-Assessment Report**

**State:**

**For Federal FY Ending:**

# I. Executive Summary

A. INTRODUCTION—NARRATIVE

B. SELF-ASSESSMENT RESULTS—TABLE

Table A1: Self-Assessment Results

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Criterion | [Column A] Cases Where Required Activity Occurred or Should Have Occurred | [Column B] Cases Where Required Activity Occurred within Timeframe | [Column C] Efficiency Rate (Confidence Level of Sample) | [Column D] Federal Minimum Standard | [Column E] Previous Year’s Efficiency Rates |
| Case Closure |  |  |  |  |  |
| Establishment |  |  |  |  |  |
| Enforcement |  |  |  |  |  |
| Disbursement |  |  |  |  |  |
| Medical |  |  |  |  |  |
| Review and Adjustment |  |  |  |  |  |
| Interstate |  |  |  |  |  |
| Expedited Process 6-Month |  |  |  |  |  |
| Expedited Process 12-Month |  |  |  |  |  |
| TOTAL |  |  |  |  |  |

C. SUMMARY—NARRATIVE

# II. Methodology

A. INTRODUCTION TO METHOLDOLOGY—NARRATIVE

B. STATE SELF-ASSESSMENT COORDINATION—NARRATIVE

C. UNIVERSE DEFINITION AND SAMPLING PROCEDURES—NARRATIVE

D. SUMMARY OF METHODOLOGY—NARRATIVE

# III. Self-Assessment Results

A. INTRODUCTION TO SELF-ASSESSMENT RESULTS—NARRATIVE

B. SELF-ASSESSMENT RESULTS—TABLE

Table A2: Self-Assessment Results

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Criterion | [Column A] Cases Where Required Activity Occurred or Should Have Occurred | [Column B] Cases Where Required Activity Occurred within Timeframe | [Column C] Efficiency Rate (Confidence Level of Sample) | [Column D] Federal Minimum Standard | [Column E] Previous Year’s Efficiency Rates |
| Case Closure |  |  |  |  |  |
| Establishment |  |  |  |  |  |
| Enforcement |  |  |  |  |  |
| Disbursement |  |  |  |  |  |
| Medical |  |  |  |  |  |
| Review and Adjustment |  |  |  |  |  |
| Interstate |  |  |  |  |  |
| Expedited Process 6-Month |  |  |  |  |  |
| Expedited Process 12-Month |  |  |  |  |  |
| TOTAL |  |  |  |  |  |

C. DISCUSSION OF SELF-ASSESSMENT RESULTS—NARRATIVE

D. SUMMARY OF SELF-ASSESSMENT RESULTS—NARRATIVE

# IV. Self-Assessment Analysis and Corrective Action Plan

A. INTRODUCTION TO SELF-ASSESSMENT ANALYSIS AND CORRECTIVE ACTION PLAN—NARRATIVE

B. ANALYSIS OF ERRORS—TABLE (OPTIONAL)

Table A3: Analysis of Errors for <<CRITERION>>

|  |  |  |  |
| --- | --- | --- | --- |
|  [Column A] Reason for Error | [Column B] Number of Cases with Error | [Column C] Percent of Total | [Column D] Cumulative Percent |
| <<Reason 1>> |  |  |  |
| <<Reason 2>> |  |  |  |
| <<Reason 3>> |  |  |  |
| <<Reason 4>> |  |  |  |
| <<Reason …>> |  |  |  |
| Miscellaneous |  |  |  |
| TOTAL |  |  |  |

C. DISCUSSION OF REASONS—NARRATIVE

D. CORRECTIVE ACTION PLAN—TABLE

Table A4: Corrective Action Plan for <<CRITERION>>

|  |
| --- |
| Corrective Action Plan for <<REASON>> *(repeat for each reason to be addressed for each criterion to be addressed)* |
| Description of the problem, or description of root causes of problem (Expands on “Reason for Error” from error analysis.) |  |
| Description of planned approach to correcting problem |  |
| Logistics for correction (e.g., staff needed, resources needed, timeframe for completion) |  |

E. DISCUSSION OF CORRECTIVE ACTION PLAN—NARRATIVE

**(Repeat this section’s format for each criterion below the benchmark and for which the State plans to take a corrective action.)**

F. SUMMARY OF ANALYSIS AND CORRECTIVE ACTION PLAN—NARRATIVE

# V. Program Direction

A. INTRODUCTION TO PROGRAM DIRECTION—NARRATIVE

B. DISCUSSION of how the Program Is Dealing with Operational Challenges—NARRATIVE (OPTIONAL)

C. DISCUSSION of how State Is Managing Staff Resources to Achieve Performance Improvements—NARRATIVE (OPTIONAL)

D. UPDATED Results from Previous Years’ Corrective Action Plans—TABLE (OPTIONAL)

Table 5: Updated Results from Previous Years’ Corrective Action Plans

| <<Corrective Action X>> from <<REPORT YEAR>> (*repeat as needed*) |
| --- |
| Self-Assessment Criterion Related to Corrective Action |  |
| Description of the original problem, or description of root causes of problem  |  |
| Description of original planned approach to correcting problem |  |
| If corrective action improved compliance or performance, description of changes in compliance and performance measures resulting from corrective action |  |
| If corrective action did not improve compliance or performance, barriers to implementing previous corrective action  |  |
| Description of revised planned approach to correcting problem given barriers, if any planned |  |
| Logistics for revised correction, if any planned (e.g., staff needed, resources needed, timeframe for completion) |  |

E. SUMMARY OF PROGRAM DIRECTION—NARRATIVE

# VI. Program service Enhancements

A. INTRODUCTION TO PROGRAM SERVICE ENHANCEMENTS —NARRATIVE

B. DISCUSSION OF PROGRAM SERVICE ENHANCEMENTS—NARRATIVE

C. SUMMARY OF PROGRAM SERVICE ENHANCEMENTS —NARRATIVE

# VII. Conclusion

**VIII. THE PAPERWORK REDUCTION ACT OF 1995**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: ACF is using this information collection as a management tool to: evaluate states’ programs and performance; make recommendations for additional or corrective action; to offer technical assistance and training; identify and share “best practices;” monitor and audit state program activities; direct federal compliance auditors where efforts should be concentrated; and approve IV-D state plan amendments certifying that the state has a self-assessment review process. The public reporting burden for this collection of information is estimated to average 8 hours per respondent, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (42 U.S.C. § 654(15)(A), 45 CFR § 308.1(e)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0223 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact OCSS\_DFS\_DAB@acf.hhs.gov

Form Approved

OMB No.: 0970-0223

Expires: xx/xx/xxxx

# instructions for Completing Recommended Reporting Format

**Instructions for Completing
Recommended Reporting Format
For States’ Annual Self-Assessment Reports**

The Federal Office of Child Support Enforcement (OCSE) has been contacted by several states requesting guidance in how states can effectively present the required information in the annual self-assessment report. This document contains instructions for a recommended reporting format template for States’ annual self-assessment reports. (See attachment accompanying these instructions.) While states are not mandated to use this recommended format, OCSE intends this format to establish an approach for States to provide substantive information with an appropriate level of effort for writing the annual self-assessment report.

Although States are required to submit the self-assessment report to OCSE, States may have other intended audiences for the annual self-assessment report. This recommended format does not limit the content or format of additional information States would want to present to other audiences in the report.

In addition to these instructions, States should refer to two federal documents that offer specific technical guidance for conducting the self-assessment review and analyzing data for planning corrective actions. The TEMPO document attached to DCL-02-08 details sampling procedures for selecting cases to review. The TEMPO document attached to DCL-02-24 guides States in analyzing self-assessment results and error cases for the purpose of developing corrective action plans.

Section Instructions for Recommended Reporting Format

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 required States to annually assess their compliance with federally required case processing activities and timeframes. PRWORA also required States to report the findings of the annual assessment. The parts and sections of the report that are required by federal regulations at 45CFR 308.1(e)(2) are:

* Executive Summary
* Methodology
* Results
* Corrective Actions
* Optional Program Areas Covered by the Review

The section-by-section instructions overlay the recommended reporting format to explain how States complete each section of the recommended format.

With respect to the style of the report, headings and body text may be modified to be consistent with a State’s own standards. Also, formatting in the tables (i.e., style and size of font, column width, bolding, and shading) may be customized by the report writer, but the labeling of the tables and columns and the nature of the content in a cell of the table should be consistent with the recommended reporting format.

# I. Executive Summary

This section is required by 45CFR 308.1(e)(2)(i).

A. INTRODUCTION—NARRATIVE

Provide a narrative introduction to the report. Topics may include:

* *Organizational structure of child support program in the State*
* *An overview of the self-assessment approach and results*
* *Program’s significant achievements in the past year*

B. SELF-ASSESSMENT RESULTS—TABLE

The table of results is based on the recommended format in DCL 04-49 and shows the State’s compliance with 45 CFR 308.2.

Table B1: Self-Assessment Results

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Criterion | [Column A] Cases Where Required Activity Occurred or Should Have Occurred | [Column B] Cases Where Required Activity Occurred within Timeframe | [Column C] Efficiency Rate (Confidence Level of Sample) | [Column D] Federal Minimum Standard/ Benchmark | [Column E] Previous Year’s Efficiency Rates |
| Case Closure |  |  |  |  |  |
| Establishment |  |  |  |  |  |
| Enforcement |  |  |  |  |  |
| Disbursement |  |  |  |  |  |
| Medical |  |  |  |  |  |
| Review and Adjustment |  |  |  |  |  |
| Interstate |  |  |  |  |  |
| Expedited Process 6-Month |  |  |  |  |  |
| Expedited Process 12-Month |  |  |  |  |  |
| TOTAL |  |  |  |  |  |

*Column A: Cases Where Required Activity Occurred or Should Have Occurred:*

* *Enter the number of cases sampled in which the evaluated activity did take place or should have taken place during the review period for each criterion.*
* *Note that if the State uses a statewide sample where a case may be evaluated for more than one criterion, then the total number of cases reviewed may not necessarily equal the sum of the cases reviewed for each criterion.*

*Column B: Cases Where Required Activity Occurred within Timeframe:*

* *Enter the number of cases where a required activity occurred during the time period for each criterion.*

*Column C: Efficiency Rate (Confidence Level of Sample):*

* *Calculate by dividing the number of cases in column B by the number of cases in column A.*
* *Within the same cell of the table, note in parentheses the confidence level that the efficiency rate calculated from the sampled cases represents the mean efficiency rate for all cases in the caseload subject to the self-assessment criterion.*

*Column D: Federal Minimum Standard/Benchmark:*

* *Provide the federal threshold compliance rate for each criterion.*

*Column E: Previous Year’s Efficiency Rates:*

* *Show the efficiency rates from the immediately preceding reporting period. If the State wants to show a longer period of history, data from preceding reporting periods, or an average, may be shown in additional columns.*

C. SUMMARY—NARRATIVE

Provide a narrative summary of the report.

# II. Methodology

This section includes the organizational approach to conducting a self-assessment review and is required by 45 CFR 308.1(e)(2)(iii). For further discussion of methodology, see the TEMPO document attached to DCL-02-08.

A. INTRODUCTION TO METHOLDOLOGY—NARRATIVE

Provide a narrative introduction to the section.

B. STATE SELF-ASSESSMENT COORDINATION—NARRATIVE

Describe how the self-assessment review meets federal requirements and how the State maintains responsibility for and control of the results and contents of the annual report according to 45 CFR 308.1(a). Show the timeframe of the review period in accordance with 45 CFR 308.1(d). Provide:

* The start and end dates of the review period
* Whether the State conducts an annual self-assessment review or an on-going process throughout the review period
* Whether cases are reviewed by staff, by an automated case review tool, or by a combination of staff and automated case review tool

At the State’s option, provide a narrative discussion of how the State coordinates the self-assessment review.

C. UNIVERSE DEFINITION AND SAMPLING PROCEDURES—NARRATIVE

Describe how the State meets the requirements in 45 CFR 308.1(b) and (c). The topics of this narrative include:

* *Definition of Sampling Frame—List the criteria used to generate the list of cases for the target population from which sample is drawn for each of the reporting criteria.*
* *Type of Sample—Note whether the criterion will be evaluated with cases from a statewide or focused sample.*
* *Method of Random Selection—Note the method of random selection. DCL-02-08 lists various approaches: simple random sample, systematic random sample, and stratified sample.*

D. SUMMARY OF METHODOLOGY—NARRATIVE

Provide a narrative summary of the section.

# III. Self-Assessment Results

This section provides the results of the State’s self-assessment review and is required by 45 CFR 308.1(e)(2)(iv).

1. INTRODUCTION TO SELF-ASSESSMENT RESULTS—NARRATIVE

Provide a narrative introduction to the section.

1. SELF-ASSESSMENT RESULTS—TABLE

Based on the recommended format in DCL 04-49, show the State’s compliance with 45 CFR 308.2. The State may replicate the same table presented in the Executive Summary.

Table B2: Self-Assessment Results

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Criterion | [Column A] Cases Where Required Activity Occurred or Should Have Occurred | [Column B] Cases Where Required Activity Occurred within Timeframe | [Column C] Efficiency Rate (Confidence Level of Sample) | [Column D] Federal Minimum Standard | [Column E] Previous Year’s Efficiency Rates |
| Case Closure |  |  |  |  |  |
| Establishment |  |  |  |  |  |
| Enforcement |  |  |  |  |  |
| Disbursement |  |  |  |  |  |
| Medical |  |  |  |  |  |
| Review and Adjustment |  |  |  |  |  |
| Interstate |  |  |  |  |  |
| Expedited Process 6-Month |  |  |  |  |  |
| Expedited Process 12-Month |  |  |  |  |  |
| TOTAL |  |  |  |  |  |

*Column A: Cases Where Required Activity Occurred or Should Have Occurred:*

* *Enter the number of cases sampled in which the evaluated activity did take place or should have taken place during the review period for each criterion.*
* *Note that if the State uses a statewide sample where a case may be evaluated for more than one criterion, the total number of cases reviewed may not necessarily equal the sum of the cases reviewed for each criterion.*

*Column B: Cases Where Required Activity Occurred within Timeframe:*

* *Enter the number of cases where a required activity occurred during the time period for each criterion.*

*Column C: Efficiency Rate (Confidence Level of Sample):*

* *Calculate the efficiency rates by dividing the number of cases in column B by the number of cases in column A.*
* *Within the same cell of the table, note in parentheses the confidence level that the efficiency rate calculated from the sampled cases represents the efficiency rate for all cases in the caseload subject to the self-assessment criterion.*

*Column D: Federal Minimum Standard:*

* *Provide the federal threshold compliance rate for each criterion.*

*Column E: Previous Year’s Efficiency Rates:*

* *Show the efficiency rates from the immediately preceding reporting period. If the State wants to show a longer period of history, data from other preceding reporting periods, or an average of several years, may be shown in additional columns.*

C. DISCUSSION OF SELF-ASSESSMENT RESULTS—NARRATIVE

At the State’s option, provide a narrative discussion of the self-assessment results.

D. SUMMARY OF SELF-ASSESSMENT RESULTS—NARRATIVE

Provide a narrative summary of the section.

# IV. Self-Assessment Analysis and Corrective Action Plan

As required by 45 CFR 308.1(e)(2)(v), report the description of a State’s corrective action planned or taken. A corrective action is required when a criterion is below the federal minimum standard for the compliance rate. (See AT-00-09 dated December 12, 2000, Final Rule on State Self-Assessment.)

At its option, the State may provide a corrective action plan for a criterion that is at or above the threshold. This corrective action may follow the format of this section or may be an informal discussion of the plan.

A. INTRODUCTION TO SELF-ASSESSMENT ANALYSIS AND CORRECTIVE ACTION PLAN—NARRATIVE

Provide a narrative introduction to the section.

B. ANALYSIS OF ERRORS—TABLE

At the State’s option, include a table of the analysis of errors for each self-assessment criterion for which the State plans a corrective action. This table demonstrates the appropriateness of the planned corrective action. Refer to DCL-02-24 pages 6-8 for more detailed instructions.

Table B3: Analysis of Errors for <<CRITERION>>

|  |  |  |  |
| --- | --- | --- | --- |
|  [Column A] Reason for Error | [Column B] Number of Cases with Error | [Column C] Percent of Total | [Column D] Cumulative Percent |
| <<Reason 1>> |  |  |  |
| <<Reason 2>> |  |  |  |
| <<Reason 3>> |  |  |  |
| <<Reason 4>> |  |  |  |
| <<Reason …>> |  |  |  |
| Miscellaneous |  |  |  |
| TOTAL |  |  |  |

*Column A: Reason for Error:*

* *Provide a brief description of an error common in noncompliant cases. Order the reasons in the table by most common to least common error. OCSE recommends only listing specific reasons for errors that account for the first 80% of errors. Less common errors may be lumped together as a “miscellaneous” reason.*

*Column B: Number of Cases with Error:*

* *Provide the number of cases with the error for each reason.*

*Column C: Percent of Total:*

* *Calculate by dividing the number of cases in column B by the number of noncompliant cases for the criterion.*

*Column D: Cumulative Percent:*

* *Cumulative percent is the sum of the percents of total for all reasons listed up to and including the reason in the current row. (The cumulative percent equals the percent of total for the first row.*

C. DISCUSSION OF REASONS—NARRATIVE

At the State’s option, provide a narrative discussion of the reasons for error.

D. CORRECTIVE ACTION PLAN—TABLE

DCL-02-24 provides guidance on how a State could describe a corrective action plan based on the results of the analysis of errors. A State may plan corrective actions for as many of the reasons for errors as it chooses.

Table B4: Corrective Action Plan for <<CRITERION>>

|  |
| --- |
| Corrective Action Plan for <<REASON>> *(repeat for each reason to be addressed for each criterion to be addressed)* |
| Description of the problem or description of root causes of problem (Expands on “Reason for Error” from error analysis.) |  |
| Description of planned approach to correcting problem |  |
| Logistics for correction (e.g., staff needed, resources needed, timeframe for completion) |  |

E. DISCUSSION OF CORRECTIVE ACTION PLAN—NARRATIVE

At the State’s option, provide a narrative discussion of the corrective action plan.

**(Repeat this section’s format for each criterion that is below the benchmark for which the State plans to take a corrective action.)**

F. SUMMARY OF ANALYSIS AND CORRECTIVE ACTION PLAN—NARRATIVE

Provide a narrative summary of the section.

# V. Program Direction

This section is authorized by 45CFR 308.1(e)(ii). The content for this part is described in 45CFR 308.3(a).

A. INTRODUCTION TO PROGRAM DIRECTION

At the State’s option, provide a narrative introduction to Part II.

1. Discussion of how the Program Is Dealing with Operational

 Challenges

 At the State’s option, provide a narrative discussion of how the program is

 dealing with operational challenges. Possible topics to include are:

* *Description of Program Deficiencies or Barriers*
* *Description of Plans to Overcome Deficiencies or Barriers*
* *Expected Improvements from Plan*
* *Description of how Plan Will Improve Compliance*
* *Description of how Plan Will Improve Performance*

C. DISCUSSION of how State Is Managing Staff Resources to Achieve Performance Improvements—NARRATIVE (OPTIONAL)

At the State’s option, provide a narrative discussion of how State is managing staff resources to achieve performance improvements. Possible topics to include are:

* *Proportions of Statewide IV-D FTEs allocated by program function (i.e., establishment, enforcement, interstate, etc.)*
* *Description of how Resource Allocation Improves Compliance*
* *Description of how Resource Allocation Improves Performance*

D. UPDATED Results from Previous Years’ Corrective Action Plans—TABLE

States could use this table to show the results of previous years’ corrective action plans.

Table B5: Updated Results from Previous Years’ Corrective Action Plans

| <<Corrective Action X>> from <<REPORT YEAR>> (*repeat as needed*) |
| --- |
| Self-Assessment Criterion Related to Corrective Action |  |
| Description of the original problem or description of root causes of problem  |  |
| Description of original planned approach to correcting problem |  |
| If corrective action improved compliance or performance, description of changes in compliance and performance measures resulting from corrective action |  |
| If corrective action did not improve compliance or performance, barriers to implementing previous corrective action  |  |
| Description of revised planned approach to correcting problem given barriers, if any planned |  |
| Logistics for revised correction, if any planned (e.g., staff needed, resources needed, timeframe for completion) |  |

E. SUMMARY OF PROGRAM DIRECTION—NARRATIVE

Provide a narrative summary for the section.

# VI. Program service Enhancements

This section is authorized by 45 CFR 308.1(e)(ii). The content for this part is described in 45 CFR 308.3(b).

A. INTRODUCTION TO PROGRAM SERVICE ENHANCEMENTS

At the State’s option, provide a narrative introduction to Part III.

B. DISCUSSION OF PROGRAM SERVICE ENHANCEMENTS

At the State’s option, provide a narrative discussion of program service enhancements. OCSE does not recommend a format for this part. However, if the State wants to submit the innovation as a best practice, the State should use the format for submitting best practices to OCSE with the following topic headings:

* *Goal for Innovation*
* *Description of Innovation:*
* *How the innovation works towards the goal*
* *Time requirements to implement and operate, if applicable*
* *Staffing requirements to implement and operate, if applicable*
* *Lessons Learned and Replication Advice*
* *Status or Results from Innovation, if Available*
* *Location of Innovation, if Operated from a Physical Location*
* *Funding Source for Innovation*
* *State Contact for Further Detail*
* *General Comments*

Other content topics for this part could include:

* *Steps taken to make the program more efficient and effective;*
* *Efforts to improve client services;*
* *Demonstration projects testing creative new ways of doing business;*
* *Collaborative efforts being taken with partners and customers;*
* *Innovative practices which have resulted in improved program performance;*
* *Actions taken to improve public image;*
* *Access/visitation projects initiated to improve non-custodial parents' involvement with the children and;*
* *Efforts to engage non-custodial parents who owe overdue child support to pay that support or engage in work activities, such as subsidized employment, work experience, or job search.*

C. SUMMARY OF PROGRAM SERVICE ENHANCEMENTS

Provide a narrative summary for the section.

# VII. Conclusion

Provide a narrative conclusion for the report.

**VIII. THE PAPERWORK REDUCTION ACT OF 1995**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: ACF is using this information collection as a management tool to: evaluate states’ programs and performance; make recommendations for additional or corrective action; to offer technical assistance and training; identify and share “best practices;” monitor and audit state program activities; direct federal compliance auditors where efforts should be concentrated; and approve IV-D state plan amendments certifying that the state has a self-assessment review process. The public reporting burden for this collection of information is estimated to average 8 hours per respondent, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (42 U.S.C. § 654(15)(A), 45 CFR § 308.1(e)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0223 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact OCSS\_DFS\_DAB@acf.hhs.gov