# Request for Approval under the “Administration for Children and Families Generic for Information Collections Related to Gatherings”

## (OMB Control Number: 0970-0617)

**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.

**Note:** This request was previously approved under OMB #0970-0401 in 2024 but is now being transferred under this umbrella generic. Edits were made to align with Executive Orders *Ending Radical and Wasteful Government DEI Programs and Preferencing* and *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government.*

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

**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 information collected is not intended to be disseminated to the public[[1]](#footnote-3).
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.

Name and affiliation: Beth Claxon, Child Welfare Program Specialist, ACF Administration on Children, Youth and Families (ACYF)\_\_\_\_\_\_\_

To assist review, please provide the following information:

**BURDEN HOURS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instrument Title** | **Category of Respondent** | **Annual No. of Respondents** | **Participation Time** | **Annual Burden** |
| Child Welfare Information Gateway’s CapLEARN Registration Form  | Individuals | 2,000 | .083 | 166.67 |

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

**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

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

1. The information collected through this request is primarily for internal review and will not be published. However, for certain activities information submitted by accepted participants, such as research abstracts to be presented in a poster session, may be published on an ACF website or included in a printed or online program for the activity or subsequent publication describing the activity. [↑](#footnote-ref-3)