# Request for Approval under the clearance of the "Generic for ACF Program Office Monitoring Activities" Office of Management and Budget (OMB) Control Number: 0970-0558

**TITLE OF INFORMATION COLLECTION:** Office of Refugee Resettlement's Staff Questionnaire - Interpreter

**PURPOSE:** The Office of Refugee Resettlement's (ORR) Monitoring Team conducts biennial monitoring visits for care provider programs. Part of the monitoring visits include interviews with program staff. Staff interviews assist the Monitoring Team in gauging compliance with ORR policies, procedures, and other guidance; identifying areas in which the program may require technical assistance; and identifying trends across programs which may indicate the need a need for additional support for all care provider programs. ORR proposes adding a new questionnaire for interpreter staff to assist the Monitoring Team in gauging compliance with ORR's recently issued interpreter guidance and identify any technical assistance needs. This questionnaire will be used in conjunction with a current set of staff questionnaires approved under OMB #0970-0564 (Monitoring and Compliance for ORR Care Provider Facilities) The proposed questionnaire does not collect sensitive individual-level data.

This information collection aligns with the overarching generic for monitoring activities, which specifically states that the information collected will allow ACF to:

- monitor of compliance with federal practice, guidelines, and requirements
- quickly understand and remediate national, regional, and/or site-specific issues
- ensure timely action by ACF to support grantees and protect federal interests

The proposed uses of the data also align with the overarching generic, which specifies that program offices will use information collected under this generic clearance to monitor the efficiency and efficacy of funding recipient activities and to provide support or take appropriate action, as needed.

**DESCRIPTION OF RESPONDENTS:** ORR care provider programs

#### **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 <u>not</u> raise issues of concern to other federal agencies.
- 4. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.

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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:**

Category of Respondent		No. of Respondents per year	No. of Responses per Respondent per year	Burden per Response (hours)	Annual Burden (hours)
ORR Care Provi	der	115	1	0.5	57.5

**FEDERAL COST:** The annualized cost estimate for each of these instruments considers the time of a step 1 GS-12 in the Washington, DC locality to interview the respondent . No additional costs will be incurred by the Federal government. The hourly rate was multiplied by two to account for fringe benefits and overhead.

No. of Federal	No. of Interviews per	Burden per	Annual	Average	Total
Staff	Federal Staff per year	Response (hours)	Burden	Hourly Wage	Annual Cost
10	11.5	0.5	57.5	\$83.56	

## **TYPE OF COLLECTION:**

HOW	will you collect the information? (Check all that apply)
[	] Web-based
[	] E-mail
[	] Paper mail
[]	X] Other, Explain: The information is collected during an oral interview. Federal
n	nonitoring staff document the interviewee's responses in the instrument.