Example Generic Information Collection for Monitoring Activities

# Document Submission Chart

In the chart below, for each regulation listed, please provide the title of the document being provided for pre-visit review, its file name or URL, the page or section that addresses the specific regulation, and the date that the document is being submitted to ACF. One document may be listed for multiple regulations. ACF will review this information prior to conducting the scheduled on-site monitoring visit.

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| **Regulations** | **Document to Review** | **File Name or URL** | **Page/Section** | **Date Sent** |
| **Topic 1 - Disaster Preparedness, Response, and Recovery** | | | | |
| **Regulation Component** |  |  |  |  |
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PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information about states’ compliance with activities as required in the XX regulations. Public reporting burden for this collection of information is estimated to average 10 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit, per XX authority. 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 0970-0XXX and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact [contact information].

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| **Regulations** | **Document to Review** | **File Name or URL** | **Page/Section** | **Date Sent** |
| **Topic 2 - Consumer Education: Dissemination of Information to Parents, Providers, and General Public** | | | | |
| **Regulation Component** |  |  |  |  |
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| **Topic 3 – Twelve-Month Eligibility** | | | | |
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| **Regulation Component** |  |  |  |  |
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| **Topic 4 - Ratios and Group Sizes** | | | | |
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| **Topic 5 - Health and Safety Requirements for Providers** | | | | |
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| **Regulations** | **Document to Review** | **File Name or URL** | **Page/Section** | **Date Sent** |
| **Topic 6 - Pre-Service/Orientation and Ongoing Training for Providers** | | | | |
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| **Topic 7 - Inspections for Licensed Providers** | | | | |
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| **Topic 8 -Inspections for License-Exempt Providers** | | | | |
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| **Topic 9 - Program Integrity and Accountability** | | | | |
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