NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 07/10/2023

Department of Health and Human Services Administration for Children and Families

| FOR CERTIFYING OFFICIAL: | Karl Mathias |
|--------------------------|----------------|
| FOR CLEARANCE OFFICER: | Sherrette Funn |

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 06/29/2023

 ACTION REQUESTED:
 Generic IC

 IC TITLE:
 Office of Head Start Survey on COVID-19 Mitigation Plan

 ICR REFERENCE NUMBER:
 202306-0970-012

 AGENCY ICR TRACKING NUMBER:
 TITLE:

 Generic for ACF Program Monitoring Activities

 LIST OF INFORMATION COLLECTIONS:
 See next page

OMB ACTION: Approved without change

OMB CONTROL NUMBER: 0970-0558

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 11/30/2023

DISCONTINUE DATE:

| BURDEN: | RESPONSES | HOURS | COSTS |
|---------------------------------|-----------|--------|-----------|
| Previous | 4,500 | 45,000 | 2,184,300 |
| New | 4,500 | 45,000 | 2,184,300 |
| Difference | | | |
| Change due to New Statute | 0 | 0 | 0 |
| Change due to Agency Discretion | 0 | 0 | 0 |
| Change due to Agency Adjustment | 0 | 0 | 0 |
| Change due to PRA Violation | 0 | 0 | 0 |
| Change due to I for violation | 0 | 0 | 0 |

TERMS OF CLEARANCE: Terms of the Generic ICR remain in effect.

OMB Authorizing Official: Dominic J. Mancini Deputy Administrator, Office Of Information And Regulatory Affairs

| | List of ICs | | | | | |
|---|-------------|--|--------------|-----------------|--|--|
| IC Title | Form No. | Form Name | CFR Citation | Hrs/\$/Resp | | |
| Office of Grants | 1 | Document Request List | | 380 / 0 / 95 | | |
| Management Financial | | | | | | |
| Monitoring Review | | | | | | |
| Office of Head Start | 1 | Disaster Supplement | | 80 / 0 / 80 | | |
| Disaster Recovery | | Payment Management | | | | |
| Improper Payment | | Reconciliation Example | | | | |
| Reviews Office of Refugee | | | | 360 / 0 / 2,115 | | |
| Resettlement Key | | | | 3007072,113 | | |
| Personnel Minimum | | | | | | |
| Qualification Checklist | | | | | | |
| and Attestation | | | | | | |
| Office of Refugee | | | | 141 / 0 / 470 | | |
| Resettlement Waiver | | | | | | |
| Request Form | | | | | | |
| Child Care and | | | | 850 / 0 / 17 | | |
| Development Fund | | | | | | |
| (CCDF) State | | | | | | |
| Monitoring Compliance | | | | | | |
| Demonstration Packet | | | | | | |
| Office on Trafficking in | | | | 1,050 / 0 / 105 | | |
| Persons (OTIP) Grant | | | | | | |
| Monitoring Tool (GMT) | M-11P | Staff Questionnaire - | | <u> </u> | | |
| Office of Refugee Resettlement's Staff | M-TTP | | | 58 / 0 / 115 | | |
| Questionnaire - | | Interpreter Questionnaire | | | | |
| Interpreter | | | | | | |
| Annual Data Collection | M-16 | Annual Data Collection on | | 450 / 0 / 300 | | |
| on Sexual Abuse and | | Sexual Abuse and Sexual | | | | |
| Sexual Harassment | | Harassment Involving UC | | | | |
| Involving | | , is seen and the second secon | | | | |
| Unaccompanied | | | | | | |
| Children | | | | | | |
| Office of Refugee | | | | 600 / 0 / 30 | | |
| Resettlement (ORR) | | | | | | |
| Refugee | | | | | | |
| Microenterprise | | | | | | |
| Development (MED) | | | | | | |
| Program Case File | | | | | | |
| Requirements Office of Refugee | | | | 840 / 0 / 42 | | |
| Resettlement Refugee | | | | 84070742 | | |
| Career Pathways Case | | | | | | |
| File Requirements | | | | | | |
| Office of Refugee | | | | 150 / 0 / 15 | | |
| Resettlement Refugee | | | | | | |
| Family Child Care | | | | | | |
| Microenterprise | | | | | | |
| Development File | | | | | | |
| Requirements | | | | | | |
| Office of Refugee | | | | 620 / 0 / 31 | | |
| Resettlement (ORR) | | | | | | |
| Refugee Individual | | | | | | |
| Development Accounts | | | | | | |
| (IDA) Program Case | | | | | | |
| File Requirements | | | | 500 / 0 / 25 | | |
| Office of Refugee Resettlement (ORR) | | | | 50070725 | | |
| Refugee Agricultural | | | | | | |
| Partnership Program | | | | | | |
| (RAPP) Case File | | | | | | |
| Requirements | | | | | | |
| | 1 | 1 | | | | |

| List of ICs | | | | | |
|--------------------------|----------------------------|----------------------------|--------------|---------------|--|
| IC Title | Form No. | Form Name | CFR Citation | Hrs/\$/Resp | |
| Office of Refugee | | | | 435 / 0 / 87 | |
| Resettlement (ORR) | | | | | |
| Ethnic Community Self- | | | | | |
| Help (ECSH) Program | | | | | |
| Case Documentation | | | | | |
| Requirements | | | | | |
| ow Income Household | | | | 194 / 0 / 97 | |
| Nater Assistance | | | | | |
| Program (LIHWAP) | | | | | |
| Tribal Implementation | | | | | |
| Check-In | | | | | |
| Office of Head Start | | | | 30 / 0 / 150 | |
| Survey on Background | | | | | |
| Checks and Staffing | | | | | |
| Survivors of Torture | 1 | Survivors of Torture (SOT) | | 140 / 0 / 35 | |
| ntegrated Care | | Integrated Care | | | |
| Continuum (SOT-ICC) | | Continuum (ICC) | | | |
| _ow Income Household | 1 | LIHWAP Forecast | | 304 / 0 / 152 | |
| Nater Assistance | | | | | |
| Program (LIHWAP) | | | | | |
| Grantee Forecast | | | | | |
| Monitoring the Status of | | | | 120 / 0 / 240 | |
| Required Licensure | | | | | |
| Office of Head Start | 1 | Payment Management | | 300 / 0 / 300 | |
| mproper Payment | | Reconciliation Instrument | | | |
| Reviews – Update 2023 | | | | | |
| Community Services | | | | 65 / 0 / 20 | |
| Block Grant (CSBG) | | | | | |
| Nork Plan Template | | | | | |
| Office of Head Start | | | | 8 / 0 / 100 | |
| Survey on COVID-19 | | | | | |
| Mitigation Plan | | | | | |
| | d for Information Collecti | ons Under Currently Approv | ved ICR: | 7,675 | |