Fiscal year _____ Refugee Family Child Care Program Performance Data Form (September 29, ___March 30, _____)		# enrolled	# trained	# assisted to obtain business license	# of family child care businesses started
	Total				
	F				
	M				

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering data on your grant program to understand the design and effectiveness of the program and to inform technical assistance needs. Public reporting burden for this collection of information is estimated to average 2 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 obtain a benefit (HHS-2018-ACF-ORR-RG-1337). 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 number for this request is OMB #0970-0409. If you have any comments on this collection of information, please contact Ryan Foster, Office of Refugee Resettlement, by email at ryan.foster@acf.hhs.gov.

OMB Control Number 0970-0490

Expiration Date: 1/31/2023

# of businesses sustained	# of child care slots opened	Change in household income six months after business start