

around program and benefit access for different populations or potentially created new challenges.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing OPREinfocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Racial and Ethnic Disparities in Human Services Analysis Execution project is proposing to collect information for a qualitative study to explore how families of different ethnic and racial backgrounds have experienced changes that one state made to TANF policies and services in

response to the COVID–19 pandemic. We will explore policies such as job-search and other participation requirements, virtual resources and services, and the provision of tablet computers to TANF participants. We will collect information at the state level and from three purposively selected sites in one state, selected to represent the racial and ethnic diversity within the state. The state-level data collection will include (1) TANF program administrators and (2) representatives from the program partnering with the state in the provision of tablet computers to TANF program participants. Information collection at each of the three sites will include semi-structured interviews or focus groups with: (1) TANF program administrators, frontline staff, and participants; and (2) community partner organizations that serve TANF-eligible families and individuals served by those organizations. Site visits will be conducted in-person or virtually,

depending on the state of the COVID–19 pandemic at the time of the site visits.

This study is part of a larger project to help ACF identify racial and ethnic disparities related to the delivery of human services.

This study is intended to present an internally-valid description of how different racial and ethnic groups experience TANF policies, practices, and service delivery in one state at selected sites, not to promote statistical generalization to other sites or service populations.

Respondents: (1) State and regional TANF agency administrators, (2) TANF frontline staff at the site-level, (3) staff at community agencies that serve TANF-eligible families, (4) staff from the computer tablet program and from program partner organizations, (5) TANF participants, (6) tablet program participants, and (7) individuals who are eligible for TANF but not enrolled.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
<i>Instrument A: State and Regional TANF Administrators Guide (Interviews)</i>	8	1	1	8	4
<i>Instrument B: Local Frontline Staff Guide (Interviews)</i>	10	1	1	10	5
<i>Instrument B: Local Frontline Staff Guide (Focus Groups)</i>	10	1	1.5	15	8
<i>Instrument C: Community-Based Organizations Guide (Interviews)</i>	6	1	1	6	3
<i>Instrument D: Tablet Providers and Program Partners Guide (Interviews)</i>	6	1	1	6	3
<i>Instrument E: TANF Participants Guide (Interviews)</i>	40	1	1	40	20
<i>Instrument E: TANF Participants Guide (Focus Groups)</i>	20	1	1.5	30	15
<i>Instrument F: Tablet Program Participants Guide (Focus Groups)</i>	10	1	1.5	15	8
<i>Instrument G: Individuals Eligible but Not Receiving TANF Guide (Interviews)</i>	15	1	1	15	8
<i>Instrument G: Individuals Eligible but Not Receiving TANF Guide (Focus Groups)</i>	15	1	1.5	23	12

Estimated Total Annual Burden Hours: 86.

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques

or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: Section 413 of the Social Security Act, as amended by the FY 2017 Consolidated Appropriations Act, 2017 (Pub. L. 115–31).

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Supplementary Comment Period; Placement and Transfer of Unaccompanied Children (UC) Into ORR Care Provider Facilities (Office of Management and Budget (OMB) #0970–0554)

AGENCY: Office of Refugee Resettlement, Administration for Children and Families, Health and Human Services (HHS).

ACTION: Request for Public Comment.

SUMMARY: The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), recently requested public comment on proposed revisions to forms that allow the UC Program to place UC referred to ORR by federal agencies into care provider facilities and to transfer UC within the ORR care provider network. In response to comments received, ORR is now providing a supplemental opportunity to provide comments on versions of revised forms that display the available options for dropdown fields. ORR invites any supplementary or new public comments that may arise with the added context of the dropdown options.

DATES: Comments due no later than August 15, 2022.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing infocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: ORR received several comments on this information collection in response to the **Federal Register** (FR) notice published on January 19, 2021, (86 FR 5196) and provided responses to those comments in its final submission to OMB. Summaries of the comments and ORR's responses can be accessed at https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=202110-0970-001. Some of the comments requested that ORR make available copies of the revised forms that display the available options for dropdown fields. In response to this request, ORR updated the screenshots for the forms that contain dropdown fields. Those forms are

- UC Referral (formerly titled Intakes Placement Checklist and Add New UC) (Form P-7) (https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=202110-0970-001&icID=242791)
- Transfer Request (Form P-10A) (https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=202110-0970-001&icID=242795)
- Influx Transfer Request (Form P-10B) (<https://www.reginfo.gov/public/do/>

[PRAViewIC?ref_nbr=202110-0970-001&icID=249640](https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=202110-0970-001&icID=249640))

- Program Entity (formerly titled UC Portal Capacity Report) (Form P-12) (https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=202110-0970-001&icID=242797)
- UC Profile (formerly titled Add New UC) (Form P-13) (https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=202110-0970-001&icID=242798)
- Influx Transfer Manifest (Form P-16) (https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=202110-0970-001&icID=249642)
- Influx Transfer Manual and Prescreen Criteria Review (Form P-17) (https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=202110-0970-001&icID=249643)

ORR invites supplementary comments from those who previously submitted comments, as well as new comments from anyone who did not previously submit comments.

Respondents: ORR grantee and contractor staff, and released children and sponsors.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Annual number of responses per respondent	Average burden minutes per response	Annual total burden hours
Placement Authorization (Form P-1)	216	278	5	5,004
Authorization for Medical, Dental, and Mental Health Care (Form P-2)	216	278	5	5,004
Notice of Placement in a Restrictive Setting (Form P-4/4s)	15	34	20	170
Long Term Foster Care Placement Memo (Form P-5)	30	3	15	23
UC Referral (Form P-7)	16	3,250	60	52,000
UC Referral—Intakes Placement Checklist (Form P-7)	16	9	30	72
Care Provider Checklist for Transfers to Influx Care Facilities (Form P-8) ...	216	10	15	540
Medical Checklist for Transfers (Form P-9A)	216	27	5	486
Medical Checklist for Influx Transfers (Form P-9B)	216	63	10	2,268
Transfer Request (Form P-10A)—Grantee Case Manager	216	37	25	3,330
Transfer Request (Form P-10A)—Contractor Case Coordinator	250	37	20	3,083
Influx Transfer Request (Form P-10B)	216	63	25	5,670
Transfer Summary and Tracking (Form P-11)	216	37	10	1,332
Program Entity (Form P-12)	216	12	30	1,296
UC Profile (Form P-13)	216	241	45	39,042
ORR Transfer Notification-ORR Notification to ICE Chief Counsel of Transfer of UC and Request to Change Address/Venue (Form P-14)	216	37	10	1,332
Family Group Entity (Form P-15)	16	188	5	251
Influx Transfer Manifest (Form P-16)	3	12	20	12
Influx Transfer Manual and Prescreen Criteria Review (Form P-17)	216	43,333	30	4,679,964
Estimated Annual Burden Hours Total				4,800,879

Authority: 6 U.S.C. 279; 8 U.S.C. 1232; *Flores v. Reno Settlement Agreement*, No. CV85–4544–RJK (C.D. Cal. 1996)

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection

Activities: Proposed Collection: Public Comment Request Information

Collection Request Title: The Maternal, Infant, and Early Childhood Home Visiting Program: Advancing Health Equity in Response to the COVID–19 Public Health Emergency, 0906–XXXX, New

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30 day comment period for this Notice has closed.

DATES: Comments on this ICR should be received no later than August 15, 2022.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the acting HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443–9094.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: Advancing Health Equity in Response to the COVID–19 Public Health Emergency, OMB No. 0906–XXXX, NEW.

Abstract: The MIECHV Program is authorized by Social Security Act, Title V, § 511 (42 U.S.C. 711) and Congress made available supplemental appropriations to carry out the program through the American Rescue Plan Act (Pub. L. 117–2). American Rescue Plan Act funds are being used to support the MIECHV: Advancing Health Equity in Response to the COVID–19 Public Health Emergency project. The MIECHV Program: Advancing Health Equity in Response to the COVID–19 Public Health Emergency project aims to understand how health equity can be advanced during the COVID–19 public health emergency in communities with MIECHV-funded home visiting programs. The project includes five case studies to be conducted in communities across the United States. Communities will be selected based on a county level assessment from the County Response Index to Support Equity in Home Visiting (County RISE–HV), the variation in COVID–19 patterns including indicating disproportionality in experiences of COVID–19, and the presence of MIECHV-funded local implementing agencies. The five communities will represent a mix of urban and rural counties, will include a Tribal community, and will include communities with existing health disparities by race and ethnicity. The case studies will lead to a deeper understanding of the ways in which COVID–19 has shaped families' experiences, and the role home visiting plays (and could play) in addressing the inequities that continue to accrue from the pandemic within a community. Information gained from these case studies can inform the development of more responsive home visiting systems and more equitable health and family support systems, in general. Data collection activities include key informant interviews, focus groups, and online surveys. The data collection activities have been revised based on the public comments received during the 60-day comment period. The purpose of these changes is to address concerns with the burden estimate and to modify items for clarity. To address the burden estimates, the number of items on each of the data collection instruments has been reduced. To reduce items, the project team identified item content where there was unnecessary overlap across instruments and identified items that were extraneous to addressing research questions. The burden estimate was only increased for the completion of the program data tool. All specific recommendations for revisions to item

wording and instructions for participants to improve clarity have been incorporated into the revised data collection instruments. All necessary human subjects protections will be adhered to, including seeking Institutional Review Board approval of data collection and analysis plans prior to commencing any data collection activities.

A 60-day notice for public comments on the proposed data collection activities required by Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 was published in the **Federal Register** on March 17, 2022, (Document Number 2022–05635; document citation 87 FR 15254, pages 15254–15255). Public comments were requested by May 16, 2022. There were public comments from three organizations.

Need and Proposed Use of the Information: HRSA is seeking additional information about the strategies and partners home visiting programs have used to advance health equity in communities disproportionately impacted by the COVID–19 public health emergency. HRSA intends to use this information to provide technical assistance and disseminate best practices to MIECHV awardees, publish findings for lay and research audiences to advance the field's knowledge of home visiting's role in COVID–19 response, and to prepare state and local home visiting programs for future public health emergencies.

Likely Respondents: MIECHV Program awardees that are states, territories, and, where applicable, nonprofit organizations receiving MIECHV funding to provide home visiting services within states; state and local representatives from home visiting, public health, health care, and other human service agencies in the early childhood system; community organizers, Tribal elders, religious leaders; families (including families participating in MIECHV-funded home visiting services and those with shared experiences); community members, including community-based program administrators and community service providers, including home visitors.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train