

these approaches relate to the provision of high-quality, comprehensive ECE services in Head Start programs; understand policy levers and conditions that influence Head Start programs' decisions around and ability to coordinate funding; and document how participation in coordinated funding

relates to Head Start's engagement with other ECE programs and system efforts. The resulting insights will inform ACF about the prevalence of coordinated funding in Head Start, facilitators and challenges of coordinated funding for Head Start programs, and potential

associations with program quality. They will also inform future case studies.

Respondents: Head Start Program Directors, state-based Head Start Collaboration Office Directors, state administrators of state pre-kindergarten funds, and state-based administrators of federal CCDF.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total/annual burden (in hours)
Program Director Survey (Head Start Program Directors or financial administrators)	1,642	1	.83	1,363
ECE State Administrator Survey (State-based Head Start Collaboration Office Directors, administrators of state pre-kindergarten funds, state-based administrators of federal CCDF)	138	1	.60	83

Estimated Total Annual Burden Hours: 1,446.

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: 42 U.S.C. 9835; 42 U.S.C. 9844.

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review: Strengthening Child Welfare Systems To Achieve Expected Child and Family Outcomes Evaluation (New Collection)

AGENCY: Children's Bureau, Administration for Children and Families, United States Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Children's Bureau, Administration for Children and Families (ACF), U.S. Department of Health and Human Services, is proposing to collect data for a new process and outcome study, Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes (SCWS) Evaluation.

DATES: *Comments due within 30 days of publication.* The Office of Management and Budget (OMB) must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this

notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The SCWS study will collect information to understand (1) implementation processes and the impact of grant interventions and (2) examine whether and the degree to which grant recipients were able to address common Child and Family Services Reviews (CFSR) outcomes. Proposed data sources for this effort include one survey and one focus group. The survey will gather information to understand the factors that supported or hindered implementation, as well as assess collaboration efforts and the intended impact of grant interventions. The focus groups will gather information to understand implementation of SCWS strategies and interventions, successes and challenges, and the perceived effect of the strategies on short and long-term child welfare outcomes, with specific attention to CFSR outcomes related to permanency.

Respondents: Respondents will include grant recipient staff, evaluators, and community partners.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total/annual burden hours
SCWS web-based survey	60	1	0.5	30
SCWS focus group	30	1	1.5	45

Estimated Total Annual Burden

Hours: 75.

Authority: Title II, section 203(b)(4) of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (42 U.S.C. 5113(b)(4)).

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Serious Medical Procedure Request (SMR) Form (Office of Management and Budget #: 0970-0561)

AGENCY: Office of Refugee Resettlement, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families' (ACF) Office of Refugee Resettlement is requesting a 3-year extension of the Serious Medical Procedure Request (SMR) Form (Office of Management and Budget #0970-0561, expiration February 29, 2024). Revisions are proposed to the currently approved form.

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 infocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: ACF's ORR places unaccompanied children in their custody in care provider programs until unification with a qualified sponsor. Care provider programs are required to provide children with a range of services including medical, dental, and mental healthcare. Children identified as having a serious medical or dental condition may require a procedure while in ORR custody to maintain and promote their health and wellbeing. Procedures requiring general anesthesia, surgeries, and invasive diagnostic procedures (e.g., cardiac catheterization, invasive biopsy, amniocentesis) require advance ORR approval. Before ORR can approve, data must be collected on the SMR form and submitted to ORR by the care provider program (e.g., care provider program's contact information, child demographics, authorized consentor, unification status) and the lead surgeon (e.g., reason for the procedure, potential risks/ complications/adverse outcomes if the procedure is not performed, timing, recovery timeframe, planned follow-up procedures, hospital points of contact).

ORR will waive the completion of the SMR form if it is deemed to be in the best interest of the child (e.g., during a hospitalization or emergency department visit, related to a medical emergency).

The form is used as a worksheet for care provider program staff and surgeons to compile information that would otherwise have been collected during the health evaluation. Once completed, care provider program staff upload the form and supporting documentation into ORR's secure, electronic data record system and send an email notification to ORR staff that the SMR packet is ready for review.

ORR has incorporated changes to the form to streamline the flow of data collection, clarify intent and purpose of the form and fields, improve data quality, and ensure alignment with ORR program policies. The overall estimated time per form has increased by 1 minute and has been adjusted to reflect a decrease by 1 minute for care provider program staff and an increase by 2 minutes for surgeons.

Respondents: Care provider program staff, surgeons.

Annual Burden Estimates

There are currently about 250 programs that use the SMR form. Over the past 2 years, an annual average of 115 SMR forms were submitted across all programs. For each form, a care provider program staff member completes page 1, and a surgeon completes pages 2 and 3.

ESTIMATED REPORTING TIME FOR RESPONDENTS

Instrument	Respondent	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
SMR Form	Care Provider Program Staff.	250	1.38	.07	24.15	8
	Surgeons	250	1.38	.17	58.65	20
Total Annual Burden Estimate.	28